

# Veazie Community School

1040 School Street Veazie, ME 04401  
(207)947-6573 / FAX(207)947-6570  
Principal, Matthew Cyr



## Permission To Administer Medications at School

(Please complete this form if your child needs to take medication while at school)

### Part 1—To be completed by Parent/Guardian

I request that my child be administered medicine in school in response to the licensed health care provider's request and information below, and in accordance with school committee policy. I realize that medicine will be administered by the school nurse when available, but otherwise by unlicensed (non-medically licensed) personnel.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2—To be completed by Licensed Health Care Provider

The above named student would be unable to attend school if not administered the prescribed medicine during the school day. I hereby request the administering of medicine in schools as follows:

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Is student capable & responsible for self-administering this medication? \_\_\_\_\_

Date to Begin: \_\_\_\_\_

Date to Conclude: \_\_\_\_\_

\_\_\_\_\_  
Licensed Health Care Provider (printed)

\_\_\_\_\_  
Licensed Health Care Provider Signature

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*Please fax to VCS School Nurse at the following fax number: 207-947-6570

[www.veaziecs.org](http://www.veaziecs.org)

*"Small School, BIG Heart!"*