

**ADMINISTRATION OF MEDICATIONS TO STUDENTS**  
*(Permission Form for Medications)*

Please attach any additional information the district might need to have in an emergency.

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Has the student been given the first dose of this medication?     Yes     No

**To be Completed by the Physician**

Name of medication and dose: \_\_\_\_\_ Method \_\_\_\_\_

Condition for which medication/treatment is required: \_\_\_\_\_

Instructions (times to be given at school): \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Are there restrictions and/or important side effects?     Yes     No

If yes, please describe: \_\_\_\_\_

This student is both capable and responsible for self-administering this medication:     Yes     No  
 Yes - supervised

This student may carry this medication:     Yes     No

**Physician's Information**

Physician's Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Parental Permission**

To Be Completed by Parent/Guardian:

I, the undersigned, the parents/guardians of \_\_\_\_\_

FILE: JHCD-AF2  
Critical

request that the above medication or procedure be administered to our (my) child according to the school policy and physician's written orders. I give the Houston R-I School District permission to contact my child's physician as determined necessary by the school nurse or school official.

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Medication should be brought to school by the parent/guardian in the original containers only.

**Notice**

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by the school nurse in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy

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*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented:

Houston R-I School District, Houston, Missouri