

## SIERRA GRANDE SCHOOL DISTRICT R-30

## Permission for Medication Administration at School and Child Care

The parent/guardian of	ask that	school/child care staff give the
following madiantian	Child's Name	and the state of t
following medication	at _	
	e of Medicine & Dosage	Time(s)
to my child, according to the Health (	Care Provider's signed instructions on th	e lower part of this form.
medicine is to be given, dosage, r	e in a container labeled with: child's oute, and date medicine is to be stood phone number must also be included	pped and licensed Health Care
Over the counter medication must be Provider authorization, and medicine	e labeled with child's name. Dosage mo must be packaged in original container.	ust match the signed Health Care
notification by staff. All medication(s) regulatory recommendations for safe	minister medication prescribed by a licagrees to pick up expired or unused left at the school will be discarded as medication disposal.  Dermission for my child's Health Care edication with the school staff delegated.	medication within one week of cording to the most current state
Parent/Legal Guardian's Name	Parent/Legal Guardian Signature	Date
Work Phone		
*****************************  Child's Name:	alth Care Provider Authorization	
		Birthdate:
Medication:	Dosage:	Route:
To be given at the following times:	Start Date:	End Date:
Special Instructions:		
Purpose of Medication:		
Side Effects to be reported:		
ignature of Health Care Provider with Prescriptive Authority Date		
int Name of Health Care Provider		ax Number
gnature of Child Care Health Consultant or So	chool Nurse Date	
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