

South-Western City School District Revised: 04/23

School Medication Permission and Instruction Form

Address:	School:		Phone:	
Parent Permission Date: Student's Name: Address: Birth date: Home Phone: Daytime				
Student's Name: Address: Grade: Grade: Teacher: I hereby request and give permission to the PRINCIPAL or his/her DELEGATE (school nurse or other responsible person to administer the medication routine described below and to communicate as needed with the prescribing physician. understand that I am responsible for delivering the prescribed medication to the student's school in its original containe (as labeled from the pharmacy) and for assuring that an adequate supply of the medication has been provided to the school. If the Health Care Provider has indicated that the student should be permitted to carry an inhaler and/or epipen at school for its proper maintenance and use. I understand that if the student is responsible for its proper maintenance and use. I understand that if the student is found to have shared his/her medication with other students or otherwise abused the medication or device, the student will not be permitted to carry his/her inhaler and/or epipen at school and disciplinary action may occur. I understand, and have informed the student, that (s)he must notify the school bus driver, principal, nurse or teacher if his/her inhaler/epipen is lost or is taken from him/her by another person. Parent Signature: Physician's Direction The above named student is under my care and should receive the following. Medication: Dosage: Route: at these times: Other specific instructions for administration: Inhaler/Epipen Only: The student knows and understands the proper use of his/her inhaler/epipen Yes No The student should be allowed to carry it on his/her person. Yes No The student should be allowed to carry it on his/her person. Yes No The student should be allowed to carry it on his/her person. Yes No The student should be allowed to carry it on his/her person. Yes No The student should be allowed to carry it on his/her person. Yes No The student should be allowed to carry it on his/her person. Yes No The student should be allowed to carry it on his/her person.				
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Date:			provided to the school nurse if the form	
	Date:		is given to any other SWUSD staff	