



EX 1 Administering Medication Parent/Guardian Permission Form

Related Procedure: AP 3 – 23 Administering Medication to Students

Exhibit I

ADMINISTERING MEDICATION PARENT/GUARDIAN PERMISSION FORM

(To be completed by the parent and forwarded to the Principal)

Name of Student: _____ Date: _____

Teacher: _____ Grade: _____

Name of Physician: _____ Name of Parent: _____

Name of Medication: _____

Precautions: _____

Medication Schedule:

| <u>Day</u> | <u>Time(s)</u> | <u>Dosage</u> | <u>Monitored by</u> |
|------------|----------------|---------------|---------------------|
| Monday | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ |
| Saturday* | _____ | _____ | _____ |
| Sunday* | _____ | _____ | _____ |

**For use only during extra and co-curricular activities*

Parent(s) Signature: _____

If a change in the above schedule is to be made, parents shall be held responsible to immediately inform the school in writing of the change.

Date of Change (*attach change notification to this sheet*) _____

*****These forms need to be filed in the school office in a location accessible to and knowledgeable of all staff.***