

## Permission for Medication Form

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) of day to give medication: \_\_\_\_\_

Date medication started: \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Physician**

I hereby give my permission for \_\_\_\_\_ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication in the original labeled container. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
According to the USD 204 Health Policy, some students may carry their own metered dose inhaler for asthma, insulin for diabetes, and rescue medication for anaphylaxis with parent and physician permission as indicated below.

## Permission for Self-administration of Medication

The above named student has been instructed on self-administration and has demonstrated the proper use of the above listed medication and is authorized to do so in school according to the dose and times listed above.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**