



PRESCRIPTION MEDICATION FORM - This form must be completed by your child's **PHYSICIAN** if prescription medicine has to be administered **WHILE YOUR CHILD IS IN SCHOOL**.

Exhibit: JHCD-E(1)

PERMISSION FOR MEDICATION

Name of Student: _____

School: _____ Grade: _____

Teacher: _____

Medication: _____

Dosage: _____

Directions: _____

Reason for Giving: _____

Date: _____

(Signature of Physician)

I hereby give my permission for: _____ to take the above prescription at school as ordered.

Date: _____

(Signature of Parent or Guardian)

No medication will be given at school until the school receives this completed form with the prescribed medication in a container appropriately labeled by the pharmacy or physician.

(Physician and parents understand that, should school nurse be unavailable, school personnel have permission to administer above medication.)