

**The Anthony School
Permission for Medication Administration**

Student's Name _____

Grade _____ Homeroom Teacher _____

Name of Medication _____

Medication Dosage _____ (how many tablets, teaspoons, mL, mg or puffs to be given)

- Prescription medications must have a current pharmacy label that includes student's name and instructions for administration. Please see Health Policy for details.
- Scheduled over the counter medications must be in original container with child's name written on bottle/box.

Scheduled Daily Medication

Medication Start Date _____ Last date to be given _____ Time of day to be given _____

Reason medication is given _____

Special Instructions (take with food, etc.) _____

PRN or "as needed" Medication

Medication Start Date _____ Last date to be given _____

Reason medication is given (example: coughing, severe allergic reaction, etc.) _____

Frequency of medication (example: one time only, daily, every 6 hours, etc.) _____

Special instructions (take with food, etc.) _____

Should parent be called when medication is given? (circle one): Yes No

Inhalers

Where should inhaler be stored? (Circle one): Nurse Office / Student's Possession / Both locations (2 inhalers required)

- If inhaler is in student's possession, student is responsible for communicating frequency of use with parents

Parent/Guardian Signature _____

Date _____

Copies of the administration record are available and may be sent home at parent request.

This form will expire at the end of the current semester and a new form will need to be filed with the school nurse for the next semester.