

## **Permission for Medication Form**

When the administration of medication is required during school hours, the school can provide the service. Kansas law requires written permission from the parent for over-the-counter medication and a signed order from the physician for prescription medication. Prescription medication is to be brought to school in the <u>original container</u>, appropriately labeled by the pharmacy or physician, stating the name of the medication, the dosage, and the time to be administered. Ask the pharmacist about an extra bottle for school. The first dose of <u>ANY</u> medication must be given by parent/guardian.

<u>Over-the-counter medication</u>: For dosing beyond manufacturer's recommendation, a physician signature is required. Please send over-the-counter medication in a small purchased bottle. The school provides ibuprofen, antacid and acetaminophen in pill form.

Student	DOBGradeWeig	ht		
Medication	Reason	Time	Dosage	Stop Date
Adverse reactions	s to report to prescribing physician:			
Date	Signature of Physician (Prescriptions only)			
my responsibility accordance with v	permission for to take to furnish the medication. I further understand that written instructions from the physician or dentist or not be liable for damages or adverse effects as a result.	t any school employee who adminis follows manufacturer's dose recor	sters any drug to	my student in
 Date	Signature of Parent or Guardian			