

# Prescription Medication Order and Permission Form

- The **school nurse must** have this **completed form** before medication will be given at school.
- The school nurse must approve and administer the **first dose** of any medication given **at** school.
- The school nurse may delegate administration of subsequent doses to another school staff member.
- A **parent/adult** must bring the medication to school in an **appropriately labeled pharmacy container**.
- All medicine must be **kept in the nurse's office** unless the health care provider, parent and administrator have given permission for the student to keep the medication for self-medication in cases of life-threatening allergies.

\_\_\_\_\_  
Name of Child/Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

.....  
**Medication Order**

Medication\_\_\_\_\_ Strength\_\_\_\_\_

Dosage/Route/Time\_\_\_\_\_

Start Date\_\_\_\_\_ End Date\_\_\_\_\_

Reason for Medication\_\_\_\_\_

**Healthcare Provider's Signature**\_\_\_\_\_

.....  
**Parent's Permission For:**

- Health care provider may share information

I give permission for \_\_\_\_\_ to share information with the  
Health Care Provider

**Stamford Elementary School Nurse** concerning my child's medication(s).

- Medication to be given at school

I give permission for the medication prescribed above to be given to my child at school by the school nurse or nurse's designee.

\_\_\_\_\_  
Parent's/Guardian's Signature