

Howells-Dodge Consolidated Schools Medication Permit Form

If it is necessary for your child to take any kind of prescribed medication during the school day, please send the medication in the original prescription container. The medicine will be kept with the teacher or school nurse and given under supervision. For over-the-counter medications: send with instructions; drug, amount to be given and time interval. (Example-Tylenol, cough drops, cough syrup, etc.) Upon request, pharmacists have labeled empty containers to be used.

Please complete and sign the statement below if your child requires medication during school hours.

_____ Name _____ Date

_____ Grade _____ Teacher

I hereby authorize school personnel to administer medication to

_____ (Student's name)

(Signature of parent or guardian)

Special Instructions:

Name of medication _____

Dosage _____

Time to be given _____

Date to be given _____

Reason for giving _____

Ordered by _____

Any comments or side effects _____

Allergies _____