

Parent Permission for Medication at School

Please note the following regarding medication left at school:

- All medication must be in a properly labeled container
- Medications are to be taken directly to the Health Office
- Prescription medication kept longer than two weeks will require an order from the health care provider
- Over-the-counter medication may require an order from the health care provider at the discretion of the nurse.
- Medications must be appropriate for the age of the child (see label for restrictions/cautions)

Date: _____

I give my permission to the school nurse or other authorized employee to give the following medication to my child. All medications will be given in accordance with GISD policies FFAC (legal) and FFAC (local).

Student's Name

Name of Medication

Dose to be given

Time(s) to be given during school day

Prescribing Health Care Provider (If Applicable)

Parent/Guardian Signature

Please complete the following section:

(It is **strongly recommended** parents/guardians transport all medication to and from school)

- Yes No The medication is to go home daily
- Yes No Leave the medication at school
- Yes No Student can transport medication home (not all medication will be sent home with students but require parent /guardian to pick up medication)
- Yes No Parent will pick up the medication from the health office

Telephone number where parent/guardian can be reached if there are any questions (required):

_____ Alternate number _____