



Medication Permission

Form with fields for Student's Name, Date of Birth, Medication, Dosage, Purpose of Medication, Frequency, and Allergies.

Physician's Signature

Date

***Physician signature is required if medication to be administered at school for longer than 30 days.

PARENT CONSENT

I hereby give permission for my child to be given medication at school as stated above. I understand it is my responsibility to provide this medication including the secure transport and delivery of this medication to school. I authorize the school nurse and physician's office to communicate regarding my child's medications.

Parent Signature

Date

Complete Medication Administration regulation may be viewed on District web site:

http://www.campbellcountyschools.net/