

**RSU #68**  
**MEDICATION PERMISSION FORM**  
ONE MEDICATION PER FORM

The practice of RSU #68 regarding the dispensing of medication in the school is that medication shall be given only when the student's health requires that the medication must be given during the school hours. Medication must be in the original container. Written authorization from the student's parent/guardian is required. All medication will be appropriately maintained and secured by the school and will be administered under the supervision of the school nurse.

**Prescription Medicine** need signed consent of the parent/guardian AND the health care provider if it is on going for more than 15 days.

**Non-prescription Medicine** need signed consent from the parent/guardian.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Home room Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**To be completed by health care provider for prescription medicine:**

**Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Adverse Reactions:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Administration of Medication: Check one only**

\_\_\_\_\_ **Supervised:** Medication is stored in elementary or RN office. Student presents him/herself to receive medication.

\_\_\_\_\_ **Unsupervised:** Student is allowed to carry his/her inhaler/Epi-pen/diabetic equipment and administer it without supervision. (Health care provider and school nurse must confirm that student possesses the knowledge and skills to safely possess and administer medication).

**Health Care Provider's signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**To be completed by Parent/Guardian:** I give permission for my child to receive this medication at school according to RSU #68 medication administration policy. I agree that I will supply the prescription medication in its original container, labeled with the student's name. I give permission for the school nurse to contact the health care provider about this medication if the need arises. I understand that non-medically licensed school personnel may be dispensing/administering this medication.

Medications must be delivered to the school by the parent /guardian except in the case of inhalers, Epi-pens, and diabetic supplies which may be carried by the student **after** this medication form is completed. It is the responsibility of the parent/guardian to notify the school of any changes in medication.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_