

OVER THE COUNTER Medication Permission Form

Waynesboro Public Schools

School Year _____

NOTICE TO PARENTS: Medication MUST be in the original container and delivered to school designee by parent/guardian

Name of student (last, first, MI):	Attending School:	Date of Birth (mm/dd/yyyy):
Medication:		Purpose of medication:
Dosage:		Time of administration:
Route of Administration and Instructions:		
Adverse Reactions (if any):		
Start Date:		End Date:
When medication listed above is administered, how do you want to be notified? <input type="checkbox"/> Note, <input type="checkbox"/> Phone Call, <input type="checkbox"/> Notification Not Required		

Medication:

Tylenol Cough Drops Allergy Meds
 Advil/Ibuprofen Cough Syrup Topical Other _____

PARENT/GUARDIAN: I hereby give permission for the school to administer the medication as prescribed above.	
Signature-Parent/Guardian	Date:
Home Phone Number-Parent/Guardian	Parent/Guardian Email:

GUIDELINES FOR ADMINISTERING MEDICATIONS TO STUDENTS DURING THE SCHOOL DAY

We welcome your support in providing services to our students. When requesting administration of medications for school age children, kindly consider the following requests and policies:

1. Whenever possible, avoid medication administration during school hours
2. Schools are required to have appropriately labeled containers. These will be kept under lock and key in the school clinics.
3. Students are not allowed to transport medication on their person to and from school.

This form is only applicable to the medication listed above and only good for the current school year. A separate form is required for each medication.

(medpermisform)