PERMISSION TO GIVE MEDICINE

one medication per form per student



Today's Date	Student's Name	Date of Birth	Class

Guidelines

1. No one will be given any prescribed or over-the-counter medication without prior, expressed written approval and specific instructions from the guardian/adult.

2. No medication will be administered unless it is in the original container. All over-the-counter medication MUST remain in the original packaging **and** be marked with the students name.

3. All medications, except for emergency medications (ie: inhaler, epi-pen) must be placed in a sealed plastic bag and be delivered, by a parent/guardian, to office personnel. A student should never posses medication without an adult present.

Medication Name	Expiration Date	Dosage	Route (Oral, Injection, etc)				
Prescription Medication	Over-the-Counter Medication (provided by parent/guardian)						
Time & Freque	ency	Starting Da	te Discontinue Date				
Special Instructions/Possible Side Effects							

Authorization

I give permission to Virginia Chance School to administer the above medication according to school policy. I attest that I have administered at least one dose of the medication to the named student without adverse effects. I understand that at the end of the school year an authorized individual must pick up the medication; otherwise, it will be discarded.

Print Parent/Guardian Name	Parent/Guardian Signature		
	X		

For Office Use Only:

Print Name	Date	Physical Copy Made	Updated	Digital Copy
	Received	(kept in medication cabinet)	in FACTS	(kept in Ind. Med. Doc.)