

YUTAN PUBLIC SCHOOL
MEDICATION PERMISSION FORM
(Year) 2014 - 2015

Date _____ I, _____ GIVE
(PARENT/GUARDIAN)

MY PERMISSION TO HAVE THE FOLLOWING MEDICATION <medication should be in original container>

(NAME OF MEDICATION)

GIVEN TO _____
(STUDENT'S NAME)

IT IS TO BE TAKEN AS DIRECTED:

DOSAGE: _____

TIME: _____

FOR <Month/Day(s), please designate what days, months, etc.>

IT (HAS) OR (HAS NOT) BEEN PRESCRIBED BY A DOCTOR.

THE STUDENY MAY ADMINISTER THE MEDICATION TO HIM/HERSELF	YES	NO
I PREFER TO HAVE THE SCHOOL OFFICIAL ADMINISTER MEDICATION	YES	NO

ARE THERE ANY SIDE EFFECTS WE NEED TO KNOW ABOUT _____

IF ANY QUESTIONS, I MAY BE REACHED AT _____

Signature of Parent

As a reminder, all medication should be in the original bottle with the student's name and directions on the outside. We cannot give medication without it being accompanied by a permission form.

The school does not provide any medication, including Ibuprofen, aspirin, etc. for students.

When a student is to take medication during school hours it is the parent or guardian's responsibility to make arrangements with the principal's office.

1. Parents who come to administer medication to a student must go to the principal's office and ask that the student be called to the office.
2. If the school is to administer medication the following procedure is to be used:
 - a. Pick up a medication form and have parent sign it.
 - b. Take medication to the office upon arriving at school.
 - c. The following should be provided: written orders, name of medication, dosage, time interval, and reason for medication.
 - d. Medication should be properly labeled.
 - e. It is the student's responsibility to come to the office at necessary time to take medication.