



Permission to Administer Prescribed Oral Medication for School Year

Parents of students requiring oral medication during school hours should:

- 1) Present a written consent form signed by the parent or legal guardian along with medication information filled out and signed by the physician.
- 2) Bring prescription medication in its original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.

A separate form is needed for each medication for each child. Additional forms are available on our website:<http://www.striarhebrew.org/current-families/resources.cfm>

All medications may be given by school personnel only if the prescribing physician completes the form below. We will make all reasonable efforts to give medication in a timely fashion, but final responsibility for administration of medication rests with the parents.

TO BE COMPLETED BY PARENT

Student's Name _____ Grade _____ DOB _____

I, _____, give permission for my child to receive the following medication as directed.

_____ **PARENT'S SIGNATURE** _____ **DATE**

Home Phone _____ Work Phone _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____

Specific time _____ and dose _____ to be given at school

Length of Time: From _____ Until _____

Restrictions: _____ Allergies? _____

_____ **PHYSICIAN'S SIGNATURE** _____ **PHONE**

Date Above Information Ordered _____