

BRITTEN SCHOOL AUGUST 2020- AUGUST 2021

PRESCRIPTION MEDICATION ADMINISTRATION PERMISSION FORM

Student's Name: _____ Date of Birth: ____/____/____

This form must be filled out, signed by parent/guardian, and placed on file to indicate **every prescription medication** that needs to be administered at school. If your child does not need to be administered medication at school, please check the box below.

My student does not require medication administration during the school day.

I request school personnel to supervise the administration of medication prescribed for my child. The medication must be dispensed from the original prescription bottle and must be replenished in a timely manner. I understand that Britten School nurse is administering medicine to my child in compliance with my request and the current prescription. Accordingly, I hereby release Britten School and personnel from any and all liability as to injuries or ill effects of any kind that may be caused thereby.

Name of medication 1: _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 2: _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 3: _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 4: _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 5: _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM

* Please note: This sheet and all other medication sheets (data and permission) on file for this student will no longer be valid if any **information changes (medication, dosage, and/or time of day when the medication is taken)**. A completely new set of forms must be filled out each time there is a medication change.

Parent/Guardian Signature

Date