

# BRITTEN SCHOOL AUGUST 2022- AUGUST 2023

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