

Columbia Boro School Dist

Educational Health Services

English  
Permission for Medication  
Administration at School

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PERMISSION FOR MEDICATION ADMINISTRATION AT SCHOOL

STUDENT'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_

We have been asked to give medication at school to the above child. If it is possible would you please adjust timing of the administration to fall outside school hours as having medications in the school always presents a potential hazard to the other children. If, in your opinion, it is essential that this medication be given during school hours in order to maintain an appropriate effect upon the child, may we have this order in writing on this form?

Thank you for your cooperation.

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN

MEDICATION TO BE ADMINISTERED \_\_\_\_\_

DOSAGE, MODE AND TIME OF ADMINISTRATION \_\_\_\_\_

LENGTH TO BE GIVEN WITHOUT A SUBSEQUENT ORDER \_\_\_\_\_

SIDE EFFECTS OF MEDICATION \_\_\_\_\_

WHAT OBSERVABLE EFFECTS DO YOU WISH US TO REPORT TO YOU? \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

(Please print or type)

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN

PARENT PERMISSION:

I request \_\_\_\_\_ Columbia Boro School Dist \_\_\_\_\_ personnel to administer the above medication to

\_\_\_\_\_  
(Student's Name)

Reasonable care will be exercised in the administration of medications.

MEDICATION WILL BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL CONTAINER.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_