



SCHOOL MEDICATION PERMIT

The administration of medication during school hours is governed by Lakota Board Policy 6510. The use of medication during school hours is discouraged. Use this form only if it is essential that a student receive medication during the school day.

<i>This section is to be completed by the parent or guardian.</i>	
Name of student: _____	Birthdate: _____
Student's address: _____	
School: _____	Grade: _____ Homeroom: _____
<p>I request school personnel administer the medication as instructed and agree to deliver the medication to the school in the original container and notify the school in the event of a change in physician or medication. It is the student's responsibility to report on time for this medication. I understand that if the physician orders an asthma inhaler for self-administration that I should provide a second inhaler to be stored in the student clinic (in the event the student forgets his/hers) and that the student should report use of the inhaler to the nurse for assessment of effectiveness. I agree to hold Lakota Local School District and its employees free from all responsibility for the administration of medication.</p>	
Parent/Guardian signature: _____	Date: _____
Phone during school hours: _____	Other phone: _____
<i>This section is to be completed by the physician.</i>	
Medication: _____	Date of authorization: _____
Dosage: _____	Time(s) to be given: _____
Date to begin: _____	Date to end: _____
Adverse reactions to be reported: _____	
Special Instructions - Administration: _____	Storage: _____
Other: _____	
If the student is to carry an asthma inhaler for self-administration, complete this section:	
Procedure to follow if asthma symptoms are not relieved: _____	
Adverse reaction if used by unauthorized person: _____	
The student has been instructed in the proper use of the inhaler, the expected results and possible side effects, and is capable of carrying and self-administering the medication.	
Name of physician (print): _____	Physician's signature: _____
Physician address: _____	
Physician emergency phone: _____	Other phone: _____
<i>This section for school use only.</i>	
The following personnel have read this form and are authorized to administer the medication as outlined:	
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____