

**Saco School Department
School Administered Medication
Parent/Guardian Permission Form**

Please sign the permission request below in order for your child to receive medication during school hours. This permission will allow the school nurse or a designated unlicensed staff member to administer the named medication. The medication must come in the original container with the student's name and prescription instructions. The completed and signed physician form must be on file as well.

Student's Name _____ DOB _____ Grade _____

Name of Medication _____

Dosage _____

Time to be given _____

Reason for Medication _____

I give permission for my child to receive medication during school hours and for information regarding this medication to be shared with appropriate school personnel. I understand that a designated unlicensed staff member will administer the medication in the absence of the school nurse. I understand and agree that the school nurse and my child's health care provider may communicate regarding the health care provider's order. It is the responsibility of my child to go to the nurse's office to receive their medication. All medications will be kept locked in the nurse's office.

Parent/Guardian Signature _____ Date _____

If your child uses an inhaler or epipen and you would like him/her to carry their inhaler or epipen please sign below. It will then be their responsibility to carry their inhaler or epipen AT ALL TIMES, including at out of school activities. Asthma plan or allergy plan should also be on file as appropriate.

Parent/Guardian Signature _____ Date _____

Please Return completed form to your child's School Nurse. Thank You.

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