



Mount Mansfield Unified Union School District

PRESCRIPTION MEDICATION ORDER AND PERMISSION FORM

- The **school nurse *must*** have this **completed form** before the medication will be given at school.
- The school nurse must approve and administer the **first dose** of any medication given at school (all **new** medications for a student will be started at home before being administered at school).
- The school nurse may delegate administration of subsequent doses to another school staff member.
- A **parent/adult** must bring the medication to school in an **appropriately labeled pharmacy container**.
- All medicine must be **kept in the school health office** unless the health care provider, parent, and nurse have all given permission for the student to keep the medication for self-administration.

Name of Child/DOB

Grade

Date

.....
Medication Order:

Medication _____ Strength _____

Dosage/Route/Time _____

Start Date _____ End Date _____

Reason for medication _____

Healthcare Provider Signature _____

.....
Parent's permission for:

- The health care provider may share information

I give permission for _____ to share information with
Healthcare provider

School nurse/s, _____ RN, concerning my child's medication(s).

- Medication to be given at school

I give permission for the medication prescribed above to be given to my child at school by the school nurse or nurse's designee.

Parent or Guardian Signature _____

.....
Emergency Medications:

This student is capable of and has been instructed by the physician in, the proper method of self-administration of this medication. He/she has been advised of possible side effects of the medication and has been informed of when and how to access emergency services.

The student may carry and self-administer this medication.

Yes _____ no _____

The student needs to bring this medication on all half-day and full-day field trips.

Yes _____ no _____

Healthcare Provider Signature _____

Parent or Guardian Signature _____