

BALTIMORE COUNTY DEPARTMENT OF HEALTH
Division of School Health

PERMISSION TO GIVE MEDICATION IN SCHOOL

Name of Principal

Date

Name of School Nurse

School Phone

Dear Parent:

We attempt to discourage administration of medication in the schools, however, if your physician decides it is necessary for your child to receive a medication during the school day, his/her approval and specific directions must be provided to the school. It is recommended the first doses of medication be administered at home.

Bring the medication to the school in the original or duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists have labeled empty containers to be used.

Please take this form to your physician and have the instructions recorded regarding the administration of your child's medication.

I hereby give my permission for the nurse or school personnel to administer medication during the school day to my child.

(Print Child's Name)

(Parent's Signature)

PHYSICIAN'S INSTRUCTIONS FOR GIVING MEDIATION IN SCHOOL

COMPLETED BY SCHOOL

SCHOOL: _____

NAME OF STUDENT: _____ D.O.B. _____

ADDRESS: _____

COMPLETED BY PHYSICIAN

DATE OF ORDER: _____

NAME OF MEDICATION: _____

DOSE: _____

TIME AND CIRCUMSTANCE OF ADMINISTRATION IN SCHOOL: _____

CAN REACTION BE EXPECTED? _____ IF SO, DESCRIBE: _____

PHYSICIAN'S SIGNATURE

PHONE