

MARIETTA CITY SCHOOLS

PERMISSION TO ADMINISTER MEDICATION

PARTS A AND B MUST BE COMPLETED IN THEIR ENTIRETY AND SUBMITTED TO THE BUILDING PRINCIPAL BEFORE MEDICATION CAN BE ADMINISTERED. THIS INCLUDES MEDICATION PURCHASED OVER THE COUNTER OR MEDICATION DISPENSED BY A PHYSICIAN, DENTIST OR LICENSED PHARMACIST.

PART A

Student's Name _____

Student's Address _____

School _____ Grade _____

School personnel, as designated by the Board of Education, have my permission to administer medication to _____ (Child's Name), as prescribed in Part B.

I understand that a revised statement signed by the physician or dentist must be submitted to the principal if any of the information originally provided by the physician or dentist changes.

I give permission for my child's physician/dentist to be contacted for additional information.

_____ **Date** _____ **Parent or Guardian Signature**

PART B

Student's Name _____

Medication and dosage: _____

Time(s) or interval(s) to be given: _____

Date medication is to start: _____

Date medication is to be discontinued: _____

PRINT Physician's or dentist's name and address: _____

Adverse reactions that should be reported to the physician/dentist: _____

Phone number(s) at which the physician/dentist can be reached in an emergency: _____

Special instructions for administering or storing medication: _____

_____ **Date** _____ **Physician or Dentist Signature**

MEDICATION MUST BE BROUGHT TO SCHOOL IN THE CONTAINER IN WHICH IT WAS PURCHASED OVER THE COUNTER OR DISPENSED BY THE PRESCRIBING PHYSICIAN, OR OTHER LICENSED PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY. THE PARENT OR GUARDIAN ASSUMES RESPONSIBILITY FOR THE SAFE DELIVERY OF THE MEDICATION TO SCHOOL. THE PARENT OR GUARDIAN IS ALSO RESPONSIBLE FOR SUBMITTING TO THE BUILDING PRINCIPAL A CURRENT PERMISSION FORM COMPLETED IN ITS ENTIRETY, INITIALLY AND WHEN ANY REVISIONS ARE MADE.