

LISBON SCHOOL DEPARTMENT
PERMISSION TO ADMINISTER MEDICATIONS IN SCHOOL

The giving of Tylenol, Ibuprofen, prescription drugs or any other medication by school personnel is not advocated except on order of a physician and/or written permission from the parent/guardian. A parental-medical form should be obtained for each child when school personnel are supervising/administering medication.

Student: _____ Date of Birth: _____

Name of Medication: _____

Dosage: _____ How often: _____

Time of administration in school: _____

Start date: _____ Stop date: _____

Reason for medication: _____

Possible side effects: _____

Doctor: _____

Doctor's Telephone Number: _____

Doctor's Signature: _____ Date: _____

NOTE:

- Medication, including over-the-counter medications, **MUST BE IN THE ORIGINAL CONTAINER** including the name of the child and the name of the medication, dosage, and time to be given.
- All medication will be kept in school and can be taken only under the supervision of school personnel, unless otherwise ordered by the physician (special form required).
- Student must be instructed at home to self-administer the medication under supervision.
- Medications must be brought into the Office/School by the parent/guardian.

I give permission for school personnel to supervise or administer the medication listed above to my child.

Parent/Guardian Signature

Date