

**WASHINGTON COUNTY CAREER CENTER5**  
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.**