



PERMISSION TO ADMINISTER MEDICATION IN SCHOOL

DATE _____

Dear Parent:

We attempt to discourage administration of medicine in the schools. However, if your physician decides it is necessary for your child to receive a medication during the school day, his/her **WRITTEN** approval and specific directions must be provided to the school. It is recommended the first doses of medication be administered at home. Please send 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. Physician and parent both need to sign this form for prescription **AND** over-the-counter medications.

KRIEGER SCHECHTER DAY SCHOOL

Phone: 410-486-8640

Fax: 410-486-6106

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

Signature of Parent

PHYSICIAN'S INSTRUCTIONS FOR GIVING MEDICATION

Name of child: _____

Address: _____

COMPLETED BY PHYSICIAN

Date of Order: _____

Name of Drug: _____ Dose: _____

Time and Circumstance of Administration at School: _____

Can a reaction be expected? _____ If so, describe: _____

How long is medication to be administered? _____

Physician Signature

Print Name

Phone