



Health Office

**\*\*OPTIONAL\*\***

**PERMISSION FORM  
ADMINISTERING PRESCRIPTION MEDICATION AT SCHOOL**

*Note: This form is valid for the 2023-2024 School Year.*

Scholar Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Medication must be delivered to school in the original container with the label intact and includes the scholar's name. The medication is to be given in the following manner:

Name of Medication: \_\_\_\_\_

Strength of Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time of Administration at School: \_\_\_\_\_

Route of Administration (by mouth, etc.): \_\_\_\_\_

Instructions and/or Comments: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Date Medication is to be discontinued: \_\_\_\_\_

Pharmacy and Prescription Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Refer to Pharmacy Prepared Label on medication vial for Healthcare Provider signature, or see below:

Healthcare Provider Name (Print) \_\_\_\_\_

Phone \_\_\_\_\_

Healthcare Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

*Per A.R.S. 15-344 I hereby request and give my consent for the school health coordinator or other school personnel designated by the Principal to administer the medication indicated above. I give authorized school personnel permission to discuss my child's medication with the above named Provider. I understand it is my responsibility to provide the medication, and that it be presented to the school by an adult. I understand that it is my responsibility to notify the school immediately if there are any changes in medication, and that a new form must be completed. The school shall not be held responsible for missed or refused doses or side effects caused by the medication. In return for the school's assistance in administering the medication, I hereby waive any claim for injury against the school, or it's employees, arising from the medication administration. Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.*

Parent/Guardian Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_