

# MEDICATION PERMISSION REQUEST FORM

Medical Action Plans are required for Asthma/Diabetes/Life-Threatening Allergy/Seizure

School Year \_\_\_\_\_

Student's Name:		Date of Birth:
School:	Grade:	Teacher:

The policy of Madison County Schools states that any student who requires a prescription and/or over-the-counter (OTC) medication of ANY kind during school hours MUST complete A & B.

- A.** Present this consent form to the office of the principal or the school nurse. Forms are available in each school office and on-line. **Incomplete forms will not be accepted.**
- B.** Parent/guardian must bring the medication to the school. **No medication will be accepted by the student.**
- The **prescription** medication must be in a container properly labeled by the pharmacist.
  - The **non-prescription/OTC** medication must be in the original sealed container.
- Each school will have designated personnel who will assist your child with their medication.
- ☛ New forms must be completed each school calendar year.
  - ☛ All remaining medication must be picked up by parent/guardian no later than the last day of school.

**To be completed by Physician**

<b>Medication REQUIRED to be taken or made accessible to the student during school hours:</b>	
<b>Time to be delivered:</b>	
<b>Dose to be delivered:</b>	
<b>Route of delivery:</b>	
<b>Length to be taken:</b>	
<b>PHONE NUMBER OF PHYSICIAN OFFICE:</b>	
(PRINTED NAME OF PHYSICIAN)	(SIGNATURE OF PHYSICIAN / DATE)

**To be completed by Parent/Guardian**

The parent/guardian releases the school district and its employees and agents from liability for an injury arising from the student's self-administration or staff assistance in administration of medication while on school property or at a school related event or activity unless in cases of wanton or willful misconduct.

(PRINTED NAME OF PARENT/GURADIAN)	(SIGNATURE OF PARENT/GURADIAN / DATE)

**\*\*\*CHANGES TO MEDICATION MUST BE PRESENTED IN WRITING.\*\*\***