

TELL CITY-TROY TOWNSHIP SCHOOL CORPORATION

**William Tell Elementary
Medication Permission Form**

The following form needs to be completed and returned to the school nurse if your child is to be given medication by school personnel during school hours. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

I request that school staff members administer medication to my child during school hours in accordance with the instructions I have written below:

Child's Name: _____ DOB _____ GR: _____ Teacher: _____

Name of Medication: _____

Dosage of Medication: _____ Route of Medication: _____

Purpose of Medication: _____

To be given at the following time(s): _____

Termination date for administered Medication: _____

Unusual Side Effects to watch for: _____

Side Effects that need to be reported: _____

Any special instructions: _____

Starting Date: _____ End Date: _____

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Amount of Medication Given to Nurse: _____ Date: _____

Parent Signature: _____ Date: _____ Nurse's Signature: _____ Date: _____

Amount of Medication Picked up by Parent/Guardian: _____ Date: _____

Parent Signature: _____ Date: _____ Nurse's Signature: _____ Date: _____

Medication to be given at school by nurse: _____ Medication is to be carried on student to self administer: _____

If medication is to be carried by the student and self administered, please see separate form for self administered medication on our school website and after completing the parent section of the form, please have your child's physician complete their portion and return back to the school nurse as soon as possible.

**Please ask the pharmacist for a separate medicine bottle to keep at school/child care. Thank you!*