

SOUTH LAKE SCHOOLS

PERMISSION TO ADMINISTER MEDICATION

Please fill out completely. Medication must be in the original container.

We (I) hereby give permission to the administrators and teachers or designated employees of the South Lake School District to administer and provide medication to:

Full name of student _____

Grade and teacher _____

Reason for medication _____
(Disease, Illness, Condition)

Name of medication _____

Dosage _____ Tablet/capsule Liquid Inhaler
(Be specific - 10mg, 1 tsp., etc.) Student may carry inhaler with him/her.

Time to be administered _____ a.m. _____ p.m.

Duration: _____ Days _____ Weeks _____ Months _____ School Year

Special instructions _____

Give with Water Give with Milk Give with food Refrigerate

Restrictions and/or important side effects: None anticipated

Yes, please describe _____

The medication stated above is in compliance with the instructions of my physician.

Physician's name and phone number: _____

This permission shall remain in full force and effect the current school year or until revoked or amended by **written notice** to South Lake Schools.

Father/Guardian Signature OR Mother/Guardian Signature

Address

Phone Number

Date

Cell Phone Number

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PERMISSION TO ADMINISTER MEDICATION INSTRUCTIONS FOR PARENTS

1. Permission form must be filled out, signed and placed on file in school office.
2. Notice to discontinue medication must be in writing.
3. New form must be filled out for medication changes. (I.e., brand, dosage, time)
4. Medication must be in original container with child's name.
5. Medication must be brought to school by parent.
6. Spoon, dropper, etc. must be provided, if needed.
7. New permission form must be filled out each school year.