

NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT
Medication Permission Request Form
(Use a separate authorization form for each medication)

TO: Parents/Guardians:

The North Bolivar Consolidated School District requires that all students who require prescription or non-prescription medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian and completed by a physician/healthcare provider to the principal or designee.
2. Bring the medication in the original prescription bottle, properly labeled by a legally registered pharmacist.
3. Give the medication to the school official who will be responsible for administering the medication to your child. Over the counter medication is to be provided by the parent and bought to the principal or designee in the original container with the child's name clearly labeled on the container.

The designated school official may give MEDICATION provided that the prescribing physician completes the district medication permission request form. If there is a change in medication, please send a note to the school from their healthcare provider notifying us of the change.

NAME OF STUDENT: _____ Grade: _____
DATE OF BIRTH: _____ SCHOOL: _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication, dosage, and route to give _____
Specific time (s) and additional special circumstances when medication is to be given at school _____

Length of time this medication is to be administered _____
Are there any restrictions? YES NO If yes, what and how long? _____

Printed Name of Physician Signature of Physician Date

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____ give permission for my child, _____
to receive the following medication:

Name of medication _____ Dosage to be given _____

Time medication is to be given _____ Number of days to be given _____

Purpose of medication _____

Any special instructions? _____

Date Parent/Guardian Signature Telephone Number