MEDICATION PERMISSION FORM
Wyncote Academy | Student Records
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MEDICATION POLICY- MEDICATION PERMISSION FORM

Complete only if your child is supposed to receive medication at school.

Medication(s) should be given at home before and/or after school. However, when this is not possible, prior to medication being administered to a student during the school day, the parent/guardian or responsible adult must personally deliver to the school office the following:

1. Written orders from a qualified health care provider giving the child's diagnosis and the dosage and frequency of its administration for each prescribed medication.
2. Written permission from the parent/guardian for the school to comply with the qualified health care provider's order.
3. An explanation of the reason the medication(s) must be taken during school hours. Students are not permitted to carry medications on their person or keep them in their lockers. All medications are kept in the Office.
4. Medication in its original container properly labeled by the pharmacy or qualified health care provider or the over-the-counter medication in its original container as purchased. **One month supply only. School personnel may only administer medication prescribed by a qualified health care provider.**

HEALTH CARE PROVIDER'S AUTHORIZATION

Student's name_____DOB_____Grade_____

Diagnosis: _____

Medication 1: _____ Dosage _____ Frequency _____

Possible side effects _____

Restrictions_____

Medication 2: _____ Dosage _____ Frequency _____

Possible side effects _____

Restrictions_____

INHALER OR EPINEPHRINE AUTO INJECTOR: Reason medication must be given by school personnel or self-administration during school hours: _____

FIELD TRIP: Daily medications only. The medication may need to be omitted or time changed during a field trip. Please indicate either: Omit medication during the field trip: _____ Time of medication may be changed to: _____

Health Care Provider Signature (required): _____

Date _____ Telephone No. _____

PARENT AUTHORIZATION

I (print parent/guardian name) _____ hereby give my consent for my child/student identified above to receive the above medication as prescribed and I release the Wyncote Academy of all responsibility for any benefit and any and all adverse consequences of the medication. I also give consent for Wyncote Academy Staff to communicate with the above Health Care Provider for the benefit of my child/student. I understand that a new order is needed each school year or when medication/dosage changes and that any medications not picked up by the parent/guardian at the end of the school year will be discarded.

Date_____ Parent/Guardian Signature _____