

Providence Creek Academy

Parental Request/Permission to Have Medication Administered in School

If it is necessary for your child to receive medication during the school day, please do the following:

- Send the medication to school with a responsible individual if you are unable to take it to school.
- Send the medication in the original container. If a prescription, the container must be properly labeled with correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- Pick up the medication from school at the end of the school year.

Date _____

Student's Name _____

Medication: _____ Medication Expires: _____

Dose _____ Time _____

Reason for Medication: _____ Care Plan Expires: _____

Allergies to any medications _____

Number of tablets sent _____

Amount of liquid _____

I am aware that the school nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse

Parent/Guardian Signature _____

Nurse's Signature _____

Number of tablets/amount of liquid received _____

** I give permission to the Nursing Staff at Providence Creek Academy to share information regarding my child's medical history, including medications, to any staff that may have contact with my child (i.e. teachers, coaches)

Parent/Guardian: _____

