

## Prescribed Medication Permission Form, Including Asthma

School \_\_\_\_\_ Date form received by the school: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth, or age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Classroom: \_\_\_\_\_

**Medication must be in original container when presented to school.**

**To be completed by the physician or authorized prescriber:**

Reason for medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Prescribed dosage: \_\_\_\_\_ Time of day for dosage: \_\_\_\_\_

Form of medication/treatment:

Tablet/capsule     Liquid     Inhaler     Injection     Nebulizer     Topical     Other \_\_\_\_\_

Possible reactions or side effects of medicine: \_\_\_\_\_

Start:  Date form received     Other date: \_\_\_\_\_

Stop:  End of school year     Other date/duration: \_\_\_\_\_

For episodic/emergency events only

Restrictions and/or important effects:  None anticipated     Yes Please describe \_\_\_\_\_

Special storage requirements:     None     Refrigerate     Other: \_\_\_\_\_

**This student may carry this medication:**  Yes     No     Only for transportation: \_\_\_\_\_

**Student has asthma and has been instructed in self-administration of asthma medications.**     Yes     No

This student is both capable and responsible for self-administering this medication: (to be completed for asthmatic, diabetic, or severe allergic reaction (anaphylaxis ONLY)).     No     Yes, supervised     Yes, unsupervised

Please indicate if you have provided additional information:     On the back side of this form     As an attachment

**Date:** \_\_\_\_\_ **DR/NP/PA Signature:** \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE: \_\_\_\_\_ FAX: \_\_\_\_\_

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**To the school: Please report concerns about medications or disease to the above physician.**

To be completed by parent/guardian:

I give permission for (*student name*) \_\_\_\_\_ to receive the above medication at school according to Laurel County School District policy.

Signing this form shall release the Laurel County School District and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone numbers: Home \_\_\_\_\_ CELL \_\_\_\_\_