

**SOUTHWEST LOCAL SCHOOL DISTRICT  
PERMISSION TO ADMINISTER MEDICATION**

School personnel are not authorized to administer medicine to a student unless prescribed by a medical doctor or as recommended by the parents or guardian. In both instances, a permission form must be on file in the building principal's office.

Name		DOB
Address		
Phone		
School		
Grade Level		
a. Diagnosis		
b. Name of medication		
c. Dosage		
d. Time to be given		
e. Duration of time to be given		
f. Date medication started		
g. Possible severe, adverse reactions		
h. Physician's Name: Phone Number: Fax Number:		

It is requested that when medication is to be given 3 times per day, it should be scheduled in such a way that the medication can be taken at home.

\_\_\_\_\_  
Physician's Signature

All drugs must be received by the person authorized to administer the medication in the container in which it was dispensed by the prescribing physician or a licensed pharmacist.

School personnel are absolved of any liability in case of reaction to the prescribed medication.

As the parent or guardian of the above student, your signature on this form constitutes a written request for the listed drug to be administered to the student and an agreement to submit a revised statement signed by the physician if the previously provided information changes.

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Parent's/Guardian's Signature