



**Camden City School District**

**PERMISSION TO GIVE MEDICATION AT SCHOOL FORM**

Students requiring medication administration during school hours must have the following information supplied to the school nurse according to school board policy 5141.21:

1. Written authorization is to be provided to the school from the private physician, detailing the diagnosis or type of illness involved the name of the drug, dosage, time of administration, and the side effects, if any.
2. Parental signed consent.
3. The medication in the original container with prescription label or the "over the counter" label.

Name of student \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Date of Birth \_\_\_\_\_

**\* To Be Completed By Physician**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time(s) \_\_\_\_\_ Route \_\_\_\_\_

If **P.R.N.**, list indication for use: \_\_\_\_\_

Possible significant side effects: \_\_\_\_\_

Duration \_\_\_\_ until further notice, \_\_\_\_ other \_\_\_\_\_

Are there any restriction? \_\_\_\_ Yes \_\_\_\_ no if yes, describe \_\_\_\_\_

Student \_\_\_\_ may, \_\_\_\_ may not miss a dose of medication to attend a field trip or special activity.

Should the medication be given on early dismissal days? \_\_\_\_yes \_\_\_\_no

_____	_____	_____
Printed Name of Physician	Signature of Physician	Date

**\*For Self Administration Only**

Self administration of medication may be performed by pupils with potentially life threatening illness, namely severe allergic responses and asthma. The above named pupil is capable of and has been instructed in the proper technique of self administration. The pupil is physically fit to attend school.

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

**\*To Be Completed By Parent/ Guardian**

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed by the physician. If my child may self medicate for asthma, I have attached the required completed Asthma Action Plan. I understand my child's photo will be taken and attached to this form.

Parent/ Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_