Foundation Academy Medication Permission Form

Student's Full Name___________________________________ Date of Birth___________________

Teacher____ Grade___________________________

Over the Counter Medications

Name of medication____

Dosage of medication____

Time to be administered at school____

Date to begin__________________________________

Date to end____________________________________

Medical Reason for Medication____

Note:

1. All medication to be administered at school must be received in the ***ORIGINAL CONTAINER*** with the label intact.
2. All medication administered to a student must be brought in and picked up by **a *PARENT OR GUARDIAN*. *NEVER THE STUDENT.***
3. This authorization is valid for the current school year **only.**
4. It is hereby understood that school personnel are not held liable for the administration of the above medication or for possible side effects.
5. ***ALL MEDICATIONS WILL BE DISCARDED UNLESS PICKED UP BY THE PARENT THE LAST WEEK OF SCHOOL.***
6. I hereby give consent for my child, the above named student to take the above over the counter medication.

Parent/Guardian Signature____**Date**________________________

Foundation Academy Medication Permission Form

Prescription Medications

Student's Full Name_________________________ Date of Birth___________________

Teacher__________________________________ Grade_________________________

Name of medication____

Dosage of medication____

Times to be administered at school____

Possible side effects/reactions____

Date to begin_______________________________

Date to end___________________________________

I hereby give consent for my child, the above named student to take the above prescribed medication at school as directed by the physician.

Parent/Guardian Signature____**Date**________________________

The above named student requires the prescribed medication at school to be given only as directed on the original, current prescription label on the container.

Physician Signature____**Date**________________________

Physician Printed Name____**Phone**________________________