

**SOUTHERN YORK COUNTY SCHOOL DISTRICT
MEDICATION PERMISSION FORM**

Medication may be administered to students that require dosing during regular school hours.

In order for medication to be administered in school, the following directions must be followed.

- Permission form must be renewed at the start of each school year.
- Medication must be in the original container with the following information
Student's name Amount to be given Current date
Name of medicine Time to be given

TO BE COMPLETED BY DOCTOR ONLY

Student's Name _____

Medication _____

Dosage _____

Time of administration at school _____

Date of first dose _____

Date of last dose _____

Reason for medication / diagnosis _____

Possible side effects / contraindications _____

Other medications the student is taking _____

Doctor's Signature

Doctor's Name – Printed

Date

Doctor's Phone Number

TO BE COMPLETED BY PARENT

I give my permission for the school nurse or designee to administer the above medication in school or during school related activities, including field trips.

Parent's Signature

Date