

**MIDDLETON SCHOOL DISTRICT
Medication Permission Form**

Physician's Statement

Because of state regulations the school must have the following information to administer medications during the school day:

Student's Name: _____ Grade: _____

Diagnosis: _____

Name of Medication: _____

Dose to be given: _____

Start Date: _____

Side Effects/Observations: _____

Physician's Signature _____ **Date** _____

Self-Carry Policy

The policy in the Middleton School District is that students do not carry medications on their person in school. However, there are situations (i.e. inhalers and Epi-pens) that may create exceptions to this policy. If you feel this student can safely self carry and administer the medication indicated, please fill out the information below.

Please allow the student named above to carry and self administer _____ (name of medication) due to the diagnosis of: _____

Physician's Signature _____ **Date** _____

Parental Permission

Medication Policy

- The medication must be delivered to the school by an adult and will be kept in a locked medication cabinet in the health office.
- The medication needs to be in a properly labeled container from the pharmacy with the date of the prescription, the student's name. The name of the medication and the physician's name.
- A written statement or the above portion of this form signed by the physician is necessary for your child to receive medication at school.
- The parent must sign the form below to give permission for the medication.

We the parent(s) authorize the school to assist our child in taking the above medication and agree that we will not hold liable any member of the school staff who has been directed by us (the parents) and the School Administrator.

Signature of Parent/Guardian _____ **Date** _____

I authorize my child's physician to release any information necessary regarding this illness to the school nurse.

Signature of Parent/Guardian _____ **Date** _____

