

Waitsfield Elementary School
2014-15 Medication Order and Permission Form

Phone: (802) 496-3643 ♦ Fax: (802) 496-3226

Student Name:	DOB:	Date:
---------------	------	-------

Section A: Prescription Medication

Part 1: Physician's Order

Medication:	Dosage:	
Directions:		
Diagnosis/Reason for Medication:		
Physician - Printed Name:	Physician - Signature:	Date:

Part 2: Parent/Guardian Permission

I hereby give permission for the above named student to take the medication as prescribed above.

Specific directions for the school nurse or designee:		
Start Date:	Termination Date:	
Parent/Guardian - Printed Name:	Parent/Guardian - Signature:	Date:

Part 3: Parent/Guardian Permission – Release of Medical Information

I further give the school nurse and my child's physician permission to discuss my child, the above diagnosis and prescribed medication.

Parent/Guardian - Printed Name:	Parent/Guardian - Signature:	Date:
---------------------------------	------------------------------	-------

Section B: Non-Prescription Medication

Part 4: Parent/Guardian Permission

I hereby give permission for the above named student to take the following medication.

Medication:	Dosage:	
Directions:		
Reason for Medication:		
Start Date:	Termination Date:	
Parent/Guardian - Printed Name:	Parent/Guardian - Signature:	Date:

No medication will be administered until the school receives the completed form. Medication must be delivered to and/or picked up at the school by a parent or guardian and must be in a pharmacy labeled container.