

**Waitsfield Elementary School**  
**2016-2017 Medication Order and Permission Form**

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

Student Name:	DOB:	Date:
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**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:
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**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.*