

Waitsfield Elementary School
2018-2019 Medication Order and Permission Form
 Phone: (802) 583-7900 ♦ Fax: (802) 496-3226

Section A: Prescription Medication

Student Name:	DOB:	Date:
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Part 1: Physician's Order

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

Part 2: Parent/Guardian Permission and Release of Medical Information

"I hereby give permission for the above named student to receive medication as prescribed above and for the school nurse and my child's physician to discuss medication concerns pertaining to the above diagnosis."

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

Section B: Non-Prescription Medication

Part 3: Parent/Guardian Permission

"I hereby give permission for the above named student to take the following over-the-counter 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.