

## MEDICATION PERMISSION REQUEST FORM

### ***NOTE TO PARENTS/GUARDIANS:***

The Netcong School District requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian and physician
2. Bring the medication in the original, labeled container.

Any medication (prescription and/or over-the-counter) may be given by the school nurse provided that the prescribing physician complete the district medication permission request form.

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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### **To Be Completed by the Physician**

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Specific time to be given at school \_\_\_\_\_

Length of time \_\_\_\_\_

Are there any restrictions? \_\_\_\_\_ If yes, what and for how long? \_\_\_\_\_

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Printed name of physician \_\_\_\_\_

Signature of physician \_\_\_\_\_

\_\_\_\_\_

Date

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### **To Be Completed by the Parent/Guardian**

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Telephone