



MEDICATION PERMISSION FORM
(TO BE RENEWED ANNUALLY)

Student: _____ Date of Birth: _____

Parent/Guardians: _____

Teacher/Grade: _____

I hereby request and authorize you administer to the above-named student:

MEDICATION (1 per form)	DOSAGE	TIME	DURATION

Prescription No.: _____

Pharmacy: _____ Phone: _____

Diagnosis/Medical reason for medicine: _____

Other medications this student is taking: _____

Allergies: _____

Possible side effects: _____

Special Instructions: _____

Print physician's name: _____ Phone: _____

PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medication be given to my child during school hours as ordered by this student's physician.
2. I will immediately notify the school of any change in the medication or physician's order, dosage change, frequency, or duration of administration. I will complete a new Medication Permission Form for any such change.
3. I give permission for the school nurse to communicate with other school personnel about the action and side effects of the medication.
4. I give permission for the school nurse to consult with this child's physician concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
5. **I agree to release The Tesseract School, and all school personnel, from any and all liability whatsoever arising out of or in connection with the administration of this medication or treatment as requested by the parent(s) and authorized by the student's physician or licensed health care provider, including any adverse effects to the medication. I have read the Medication Policy and assume the responsibilities as set forth.**

(Parent/Guardian Signature)

Date: _____

6. Field trips:

- a) I give permission for a teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.
- b) I release all school personnel, the Tesseract School, and any responsible adult administering the medication from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication on a field trip or class outing.

(Parent/Guardian Signature)

Date: _____