

GATEWAY SCHOOL DISTRICT
ADMINISTRATIVE REGULATION**GATEWAY SCHOOL DISTRICT**
MEDICINE PERMISSION FORM

Only essential prescribed medications will be given at school. The parent or guardian will assume full responsibility for any medication sent to school. Pre-planning will permit medications to be administered at home. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____

Licensed Prescriber Medication Order:

Patient's Name _____ Date of Birth _____

Name of Medication _____ Diagnosis _____

Route and dosage _____

Time of administration _____

Possible side effects _____

On field trip days this medication may be: _____ omitted _____ given before or after the trip

Gateway School District permits a student to possess and self-administer emergency asthma or anaphylaxis medication at school and at school related functions upon completion of the following information by the student's physician. Parents are responsible for any lost medication.

Student is able to carry and self-administer emergency asthma and anaphylaxis medication:
Yes _____ No _____

On field trips this diabetic student is able to carry and self-administer her/his diabetic medications: yes _____ No _____

Physician's Name (**PRINT**) _____ Date _____

Physician's Signature _____