Lawrence Public Schools USD 497
Health Services

# PERMISSION FOR MEDICATION - CONFIDENTIAL

Name of student _____ Date of birth _____

School _____ Grade _____ Teacher _____

Medication _____ Dose _____

Physician _____ Reason for medication_____

Time of day medication is to be given _____

Anticipated number of days it needs to be given at school _____

Common side effects _____

Has the first dose of this medication been given? YES NO
****District policy does not allow school personnel to give the first dose of medication except in an emergency**

**NOTE:** Prescription medication is to be brought to school in a container appropriately labeled by the pharmacy, stating the name of the medication, dosage and time to be given. The pharmacy label may serve as the medical provider's order. **Please contact your school nurse to make arrangements for self-administered or nonprescription medication taken at school. Permission for medication administered at school is required by Lawrence Public School Board Policy JGFGB.**

## RELEASE OF INFORMATION
## (REQUIRED FOR MEDICATION TO BE GIVEN AT SCHOOL)

I hereby authorize the disclosure of information regarding ___ prescription ___ medical records (optional)

from _____ to USD 497 and from the records of USD 497 to
Medical Provider
_____. I understand that the information obtained will be
Medical Provider

treated in a confidential manner.

Date _____ _____
Signature of Parent/Guardian