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St. James School
Crete, Nebraska

MEDICATION PERMISSION FORM

I, _____ do give permission for St.
Parent/Guardian

James School to administer _____
(name of drug)

to my child _____. This medication is to
(child's name)

be administered at _____ on _____.
(time) (date)

I understand that should my child have a reaction or any ill effects from the above medication, or if, for extenuating circumstances, the medicine is not given, the school and/or school personnel will not be held liable.

(Signature of Parent) (Date)

Note: **Prescription medications must be properly labeled and in the original bottle, with the name, dosage of the drug, time to be administered, the physician's name and the current date.** If there are concerns about possible side effects of the drug being administered, the school must be notified in writing prior to the administration of the medication.

In compliance with the Nebraska State Law as defined in Health Services in Nebraska Schools - Policies and Procedures Manual, medication will be given one day only without the Medication Permission Form being completed. Parents may send a written note stating the medication dose and time for the first day. A Medication Permission Form will be sent home with the student at the end of that day to be returned prior to any additional medication being administered. **Medication must be in the original bottle, appropriately labeled by physician or pharmacy. NO EXCEPTIONS will be made.**