

# 2016-17 SCHOOL YEAR

## STUDENT MEDICATION PERMISSION FORM LIMESTONE COMMUNITY HIGH SCHOOL #310

A student will be permitted to self-administer his/her own medication under the supervision of the school nurse or other designated Limestone Community High School employee if the medication is to be administered for less than ten (10) days with written permission from the student's parent/guardian. For self-administration of medication prescribed for ten (10) or more days, the permission form below must be completed and signed by the parent/guardian and the attending physician to allow a student to self-administer his/her own medication under the supervision of the school nurse or other designated Limestone Community employee. All medications, including over-the-counter medications, must be stored in a locked cabinet in the Health Center.

### Limestone Community High School, District #310

#### Permission for Self-Administering Medication (Ten or more days)

I hereby permit \_\_\_\_\_ a student at Limestone Community High School, to take the following medication during the school day:

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be taken \_\_\_\_\_

Effective Dates \_\_\_\_\_

If this is the first time student has taken this medication, is it necessary that a registered nurse administer the first dose at school? Yes/No

If yes, administered by \_\_\_\_\_, RN Date \_\_\_\_\_

Effective dates: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Signature      Date      Phone #

\_\_\_\_\_  
Attending Physician's Printed Name

\_\_\_\_\_  
Parent/Guardian Signature      Date      Phone #