# **Medication Permission Form**

## PRESCRIPTION STUDENT MEDICATION POLICY

### 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 <u>and</u> 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 medication, including over the counter medication, 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 Limeston Community High School, to take the following medication during the school day: Medication		
Time		
Possible Side Effects		
EffectiveDates		
If this is the first time the s registered nurse administer		medication, is it necessary that a pol? $\Box$ yes $\Box$ no
Physician Signature	Date	Phone #
Parent/Guardian Signature	Date	Phone #