



Union County Educational Services Commission
Medication Permission Request Form: 2017 – 2018 School Year

The Union County Educational Services Commission requires that all students who need prescription or non-prescription medication (including but not limited to Advil, Tylenol, Maalox, cough syrup, etc.) during school hours must, according to State regulation, do the following:

1. Submit the form below to the school nurse completed by the physician and signed by the parent/legal guardian.
2. The medication must be brought to school in the original prescription bottle properly labeled by a registered pharmacist.

STUDENT INFORMATION

_____ *Please print name of student* _____ *Student's date of birth*

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____
Please be specific. This includes Tylenol, cough syrup, asthma inhalers, etc.

Dose _____ Route _____ Time/frequency* _____
 *Can dose be delayed on field trip until student returns to school? Yes No

Reason for dispensing medication: _____

Contraindications: _____

Side Effects: _____

Are there any restrictions? Yes No If yes, what and how long _____

_____ *Please printed name of physician* _____ *Signature of Physician* _____ *Date*
 _____ *Address* _____ *Phone number*

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my child to receive the above medication during school hours.

_____ **Parent/Guardian Signature** _____ **Date**