



MEDICATION PERMISSION FORM

CHILD'S LEGAL NAME _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

MEDICATION ALLERGIES _____

Only prescription medications scheduled to be given during school hours and non-prescription medications necessary for the student to remain in school will be administered by school staff.

In order for school staff to administer medication and remain compliant with the current state law (OAR 581-021-0037) the parent/guardian is required to complete the following steps:

1. **Complete and sign this form** making sure to list medication, dose, route, time and any special instructions. Medication cannot be administered without a parent/guardian signature;
2. **All prescription medication must be in the original container with current prescription label which includes the student's name, the doctor's name, and instructions;**
3. **“Non-prescription medication” means only commercially prepared, non-alcoholic medication to be taken at school that is necessary for the child to remain in school.** This shall be limited to eyes, nose and cough drops, cough suppressants, analgesics, decongestants and antihistamines, topical antibiotics, anti-inflammatories and antacids that do not require written or oral instructions from a medical provider. Non-prescription medication does not include dietary food supplements.

A new Medication Permission Form and new medical provider instructions need to be completed with any change in medication or start of a new medication. Please keep the school updated on any changes.

The medication will be given by a school employee, who will receive instruction by a district nurse.

MEDICATION	DOSE	ROUTE	TIME	DIRECTIONS

Special instructions: _____

Parent Signature: _____ Date: _____