



MEDICATION PERMISSION FORM

STUDENT'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. Medication must be transported to and from school by the parent/guardian.

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, method, 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-alcohol based 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 METHOD TIME DIRECTIONS

Special instructions: _____

Parent Signature: _____ Date: _____