

Lamoille Union Middle and High School

PRESCRIPTION MEDICATION AND ORDER AND PERMISSION FORM

- The **school nurse must** have this **completed** form before medication will be given at school.
- The school nurse must approve and administer the **first dose** of any medication given at school.
- The school nurse may delegate administration of subsequent doses to another school staff member.
- A **parent/guardian/adult** must bring the medication to school in an **appropriately labeled pharmacy container**.
- All medicine must be **kept in the school health office**, unless the health care provider, parent, and administrator have given permission for the student to keep the medication for self-administration

Name of Child	Date-of-birth	Grade	Date
_____	_____	_____	_____

Medication Order:

Medication: _____ Strength: _____

Dose: _____ Route: _____ Time to be given at school: _____

Start Date: _____ End Date: _____

Reason for Medication: _____

Healthcare Provider Signature: _____



I give permission for _____ to share information with
Healthcare Provider

Lamoille Union High School Health Office Staff, **concerning my child's medication(s)**.

I give permission for the medication prescribed above to be given to my child at school by the school nurse or nurse's designee.

Parent or Guardian Signature _____ **Date:** _____