

**MARYVILLE R-II SCHOOL DISTRICT**  
**PARENTAL PERMISSION FOR**  
**STUDENT MEDICATION ADMINISTRATION**

The Maryville R-II School District's Medication Policy requires written parental/guardian consent prior to giving any prescription or over-the-counter medications at school. This form is to be completed for each medication given. **Medication is to be supplied in the original container with only a 30 day supply each time brought by a parent/guardian or other responsible adult. A new written medical provider order must be presented for any medication changes.**

If the medication is a prescription, ask your pharmacist to prepare two labeled containers, one to be kept at school and one for home. **THE VERY FIRST DOSE OF MEDICATION WILL NOT BE GIVEN AT SCHOOL.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Name/Dosage of Medication \_\_\_\_\_

Time to be Taken \_\_\_\_\_

Form of Medication/Treatment    \_\_\_ Tablet/Capsule    \_\_\_ Liquid    \_\_\_ Inhaler    \_\_\_ Other

Reason for Medication \_\_\_\_\_

Physician's Name \_\_\_\_\_

Medication to be Given From \_\_\_\_\_ TO \_\_\_\_\_  
(Start Date) (End Date)

When was First Dose of Medication Given? \_\_\_\_\_

List Student's allergies \_\_\_\_\_

I request the above medication or treatment be administered to my child at school. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school nurse immediately if any information provided on this form changes. I give permission for the school nurse to communicate with the above physician or medical provider regarding any questions or concerns about the above medication or treatment. I also agree to pick up any remaining medication within one day after the last day of school or the school will dispose of the medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date