

Medication Permission Form

Harrisburg Academy

Medications must be provided **with signatures of the Primary Care Provider & parent** and in the original bottle. These signatures are also needed for Over the Counter medicines. Parents should bring medications to the school nurse. Medications must be kept locked in the nurse's office unless both Dr.'s and parent specify otherwise in writing.

Student name **Grade**

Name of medication Amount brought to school

Dosage to be given **How to give(po?)** **Time to give & length of course**

I instruct school personnel to administer the above medication to this child.

Health Care provider's signature Date

Health Care Provider's address and phone number

Parent's Signature **Date**

Phone number where parent may be reached during school hours

Daily meds only: Location of student at time of dose & next period after administration time. To be completed by nurse at school..