

**SCHOOL CITY OF HAMMOND
HEALTH SERVICES**

ADMINISTRATION OF MEDICATION AT SCHOOL

When a child is placed on medication (not limited to prescription medications, but including over the counter medications, such as ibuprofen, cough drops etc.) and the medication is to be taken during school hours a physician's order and parental/guardian permission is required.

Please note: The medication must be delivered to school by the parent/guardian in the original bottle from the pharmacy with the child's name, name of the medication, dosage, and schedule of administration.

Child's Name:

Date of Birth: _____

Grade:

Date: _____

I give permission for my child,

_____ to receive (name of medication) _____ (dosage - amount) _____, at (time) _____ according to the written order of Dr. _____

Doctor's Signature

Phone number

Parent/Guardian's Signature

Phone Number