



2018 - 2019 MEDICATION PERMISSION SLIP

Dear Parent,

If it is necessary for your child to receive medication during school hours, please follow this procedure: **THIS IS PENNSYLVANIA LAW!!**

- ✓ Complete this form – this includes a physician’s signature - and return it to school with the medication.
- ✓ All medication (prescription and non-prescription or OTC meds) **MUST BE DELIVERED BY THE PARENT DIRECTLY TO THE NURSE’S OFFICE OR MAIN OFFICE IN ITS ORIGINAL CONTAINER.** This includes all Epi-Pens, allergy, asthma, seizure, diabetes and ADHD meds and anything not mentioned on the Emergency Cards.
- ✓ Medication must be properly labeled with child’s name, name of medication, dose and time medication is to be given and any special instructions.
- ✓ If these procedures are not followed, medication cannot be administered.

As a matter of personal safety, **NO MEDICATION WILL BE ADMINISTERED IN SCHOOL WITHOUT A PHYSICIAN’S SIGNATURE.**

Name of Student _____ Grade _____

Name of Medication _____

Reason for Medication _____

Dose/Amount of Medication _____

Time of Medication _____

Special Instruction _____

Physician’s Signature _____ License # _____

Parent Signature _____ Date _____