Ocean Springs School District
Medication/Procedures Permission Request Form

JGCD

STUDENT NAME:_____**DATE OF BIRTH**:_____

MEDICATION ALLERGIES: _____

SCHOOL:_____**TEACHER/GRADE:**_____

The Ocean Springs School District requires that all students who require prescription, non-prescription, homeopathic or herbal medication/preparation or special health procedures during school hours must do the following:

1. Present a written consent form signed by the parent, or legal guardian and completed by a physician to the principal or designee.
2. Bring the medication in the original prescription bottle, properly labeled by a legally registered pharmacist. Give it to the school official who will be responsible for administering the medication to your child. Over-the-counter medication is to be provided by the parent/guardian and brought to the principal or designee in the original container with the child's name clearly labeled on the container.

All procedures required during the school day must have a completed permission form stating type of procedure, supplies needed and time to perform. Ocean Springs School District will not be responsible for lost, stolen, or destroyed medications. Medication may be given by the designated school official provided that the prescribing physician completes the Medication/Procedures Permission Request Form. If there is a change in medication, a new form must be filled out. Contact your school nurse with any changes.

TO BE COMPLETED BY PHYSICIAN

Diagnosis:_____
Procedure/Medication & Dose:_____

Time to be given at school:_____

Length of time to be given:_____

Restrictions? **Yes** **No** (circle one) **If yes, what and how long**?_____

Print Physician Name:_____

Physician Signature:_____

Physician's phone number:_____**Fax Number**:_____

Date:_____

TO BE COMPLETED BY PARENT/GUARDIAN

I,_____, give permission for my child, _____, to receive the following procedure/medication at school:
Procedure/Medication & Dose:_____

Time to be given:_____**Length of time to be given**:_____

Parent/guardian signature_____

Phone number Home/cell/work_____

e-mail_____

Date_____

(Revised 09/2016)