

MEDICATION PERMISSION FORM
BIBB COUNTY BOARD OF EDUCATION
Centreville, Alabama

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PARENT'S MEDICATION REQUEST FORM

Your child's medication should be registered with the principal or his/her designee or the school nurse. It should be in the original container and be properly labeled (pharmacy label) with your child's name, date of issue, name of medicine, and dosage.

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STUDENT INFORMATION

CHILD'S NAME _____
NAME OF SCHOOL _____
GRADE__ **CLASSROOM TEACHER** _____
LIST DRUG ALLERGIES _____

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MEDICATION INFORMATION

NAME OF MEDICATION _____
REASON FOR TAKING _____
DOSAGE _____ **TIME(S) TO BE GIVEN** _____

PHYSICIAN _____ **PHARMACY** _____

PRESCRIPTION NAME _____

SPECIAL INSTRUCTIONS _____

ANTICIPATED REACTIONS _____

PLEASE GIVE ABOVE MEDICATION FOR _____ **DAYS,**
BEGINNING _____

PARENT AUTHORIZATION

I authorize school personnel to assist my child in taking the above medication, and I agree that I will not hold liable any member of the school the staff who is directed by me and the principal to assist my child in taking the medication.

Signature of Parent/Guardian Date

If any problems arise, please call me at: _____
Phone No.

PARENT AUTHORIZATION FOR SPECIAL EDUCATION STUDENTS

NOTE: Special Education Students Only! Parent/Guardians of special education students must have their physician sign this form in the space designated below.

Signature of Physician

Date