



## **MEDICATION PERMISSION SLIP**

**Dear Parent,**

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

**Complete the form below and return it to school with the medication.**

**All medication (*prescription & 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 (child's name, name of medicine, dose and time medication is to be given and any special instructions).**

**"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 INSTRUCTIONS:** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

