

Medication Permission Slip

Complete if necessary

Student's Name:

Grade:

DOB:

The medication permission slip is to be used at a time when your student's doctor orders medication to be given to the student during school hours.

Only send this form in with specific medical orders from your physician, when needed (such as an Asthma Inhaler, Epi-Pen, Allergy Medications. *Do not send it back filled in, until the physician orders medications to be given to your student.* A parent must also sign this form, allowing their student to take the medication during school hours, (School Health Law and Regulation, PA Public School Code and State Board of Nursing, Article 21.14, Administration of Drugs, Harrisburg School District Board Policy 210., 227, 246, and School Health Medication Guidelines, according to 22 PA Code, article 12.41).

Parent/Guardian Signature:

Medication prescribed by your doctor that needs to be given during school hours must be in a container properly labeled by a physician or pharmacist. Ask your pharmacist for a separate school container.

Medication:

Dosage:

Time:

Special instructions:

Physician's Signature:

Phone:

Date:
