

# Permission to Give Medication—Long term and emergency

## Request for Medication to be Administered During School Hours

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Class Room #

\_\_\_\_\_  
Name of over-the-counter medicine

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s) to be given

\_\_\_\_\_  
Date(s) to be given

I request that my child, named above, be assisted in taking the named over-the-counter medication at school by Diablo Nippongo Gakuen staff for the following circumstance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**For prescription medicine to be administered at school, this section must be completed by a licensed physician.**

\_\_\_\_\_  
Name of medicine

\_\_\_\_\_  
Purpose of medicine

\_\_\_\_\_  
Date of Prescription

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Time(s) to be given

\_\_\_\_\_  
Date(s) or circumstance when medicine is to be given

\_\_\_\_\_  
Special instructions, precautions, possible adverse effects, comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student named above, for whom this medication is prescribed is under my care.

\_\_\_\_\_  
Name of physician (printed)

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\*Please note: This form must be renewed each school year.