

Jefferson Early Learning Center (PVPS)

Medication Permission Form

IMPORTANT: Medication must be brought to the office by the child's parent or parent designee in the original prescriptive or non-prescriptive container and a completed Medication Permission Form on File with medication. Medication must be picked up by the child's parent or parent designee. Medication will not be sent on the bus or home with the child.

Student Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Father Business Address: _____

Father Business Phone: _____

Mother Business Address: _____

Mother Business Phone: _____

Person to contact in emergency situation:

Name: _____

Address: _____

Phone: _____

Is this child taking any medication on a regular basis? Yes _____ No _____

If yes, name of medication and its purpose:

I hereby authorize the school nurse, the school secretary, a school administrator, or a designated school employee to administer prescription to:

Student's Name: _____

I hereby authorize the school nurse, the school secretary, a school administrator, or a designated school employee to administer *non-prescription*, symptomatic medication to:

Student's Name: _____

I understand that under state law the Board of Education, the School District, or employees of the District shall not be liable to the students or the student's parents or guardians for civil damages for any personal injuries to the student which result from the acts or omissions of school employees in administering the medicine I have hereby authorized.

Child's Name: _____ Teacher's Name: _____

Parent w/Legal Custody/Guardian Signature: _____

Date: _____