

Permission Form for Prescribed Medication

Wealthy Elementary School
1961 Lake Dr SE
East Grand Rapids, MI 49506
Phone: 616-235-7550
Fax: 616-235-3918

Student Name: _____
Grade: _____ Homeroom Teacher _____
Date of Birth: _____
Address: _____
Home Phone: _____
Dad's Work Phone: _____
Mom's Work Phone: _____

Date form received by school: _____

To be completed by the Physician or authorized prescriber

Name of medication: _____

Dose: _____

Prescribed Time: _____

Form of medication:

- Tablet Liquid Inhaler Injection Nebulizer

Restrictions and/or important side effects:

- None anticipated
 Yes. Please describe: _____

(Additional information can be documented on reverse side or attached to this document)

- For episodic/emergency events only

Start: _____ date form received Other dates _____

Stop: _____ end of school year Other dates _____

Physician's Signature _____ Date: _____

Physician's Phone _____ Fax: _____

To be completed by the Parent/Guardian

- I request that _____ receive the above medication at school according to standard school policy.

Date _____ Signature _____ Relationship _____

Parent/guardian must bring medication to the office in the original, properly labeled prescription bottle. Make sure time and dosage are clear.