

THE SCHOOL BOARD OF LEE COUNTY
SCHOOL HEALTH SERVICES

PARENT PERMISSION FOR MEDICATION

Dear Parent,

It is policy of the Lee County Schools to have written permission for a student to take medication during the school day. Please refer to "Guidelines for Administration of Medication in School" for details

My permission is granted for personnel of _____
SCHOOL

To assist in the administration of the following medication for my child,

CHILD'S NAME

PARENT OR GUARDIAN'S SIGNATURE

DATE

EMERGENCY PHONE NUMBERS: _____ Home _____ Work

Name of Medication: _____

Time to be Taken: _____

Amount of Medicine or Number of Tablets: _____

To be Taken from _____ to _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Or as Needed for: _____
SYMPTOMS OR CONDITIONS

Reactions to watch for: _____

Please explain the necessity for this medication to be provided during the school day:

Is it necessary for this medication to be provided when the student is away from school property on official school business? _____ YES _____ NO

The student may take this medicine for up to two weeks. If medicine is needed for a longer period of time, a statement from the physician is required on the form provided by the school (MIS 401).

Parents are requested to pick up any left-over medicine within one week after the course of the medicine is over. Medicine left after this time will be discarded.

