BAYOU COMMUNITY ACADEMY
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Medication Permission Form for Parent/Guardian

STUDENT NAME_____ DOB_____ SEX____
HOMEROOM_____ GRADE_____
PARENT/GUARDIAN NAME_____ PHONE_____

Parent/Guardian's Consent

1. I hereby give permission for the school nurse of the designated unlicensed person, trained to administer medication at school, to give the following_____
(Medication)
to_____prescribed by_____.
(Student's Name) (Doctor's Name)
2. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medication administration as the nurse determines necessary for my son's/daughter's health and safety. Yes____ No_____
3. I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within two weeks following termination of the order or two weeks beyond the end of the current school term.
4. I have administered the initial dose of medicine at home and have allowed sufficient time for observation of adverse reactions before asking school personnel to administer the medication. Yes_____ No_____

Note: ALL ANSWERS ABOVE MUST BE 'YES' BEFORE THE MEDICATION MAY BE ADMINISTERED AT SCHOOL BY UNLICENSED PERSONNEL, UNLESS OTHER ARRANGEMENTS HAVE BEEN AGREED ON BY PARENTS AND NURSE

NOTICE: USE THIS BOX ONLY FOR A STUDENT WHO WILL ADMINISTER HIS/HER OWN ASTHMA INHALER, INSULIN, OR EMERGENCY INJECTIBLES FOR ALLERGIC REACTIONS. STUDENT WILL BE REQUIRED TO RECORD EACH DOSE.

1. Do you give permission for your son/daughter to self-administer medication of the school nurse determines it is safe and appropriate in the school setting? Yes____ No____
2. Do you feel that your child is sufficiently responsible and informed to administer his/her own medication? Yes____ No_____
3. Do you assume responsibility for your child's actions in his/her self-management of medication at school? Yes____ No____
4. Do you understand that regular medication orders must be provided for students who self-administer medicine at school? Yes____ No____

SIGNATURE OF PARENT/GUARDIAN_____ DATE_____