

# Manchester Community Schools

## STUDENT MEDICATION PERMIT

1. Absolutely NO medication prescribed or over the counter, shall be given by the school nurse or designee without written permission from the student's parent/legal guardian. The Student Medication Permit must be completely filled out.
2. Prescription medications shall be kept in the original container with the original pharmacy label showing the child's name, physician's name and directions for use.
3. Over the counter medications must be kept in the original container with the original manufacture label and expiration date visible. The child's name must be written on the container.
4. Parent/legal guardian must provide the medication to be given.
5. Parent/legal guardian must transport medication to and from school.
6. Please refer to your student handbook, section: USE OF MEDICATIONS for more detailed and specific guidelines.

If you have any questions, please contact the School Nurse at any school.

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STUDENT NAME \_\_\_\_\_

TEACHER NAME \_\_\_\_\_

MEDICATION \_\_\_\_\_

DOSAGE AND TIME TO BE GIVEN \_\_\_\_\_

FOR HOW LONG \_\_\_\_\_

FOR WHAT CONDITION \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date