

**Dr. Lewis S. Libby School**  
**PERMISSION TO ADMINISTER MEDICATION AT SCHOOL**

**\*\*\*Please Note:** A parent/guardian signature is required for ALL medications (prescription and over the counter – except Tylenol/acetaminophen) which are to be administered at school. A Health Care Provider's signature is required for all prescription medications; however, prescription medications to be administered for 15 days or less, such as an antibiotic, are not required to have a Health Care Provider's signature. All medications must be brought in to school by a parent or guardian, in the medication's original container, and if applicable, a current and clear pharmacy label. Loose medications or unlabeled medications will not be allowed.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Amount to be Given: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Time(s) to be Administered at School: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

I am aware that the Dr. Lewis S. Libby School does not have a full-time Registered Nurse. I authorize trained non-medical personnel to administer this medication to my child if the school nurse is not available. I also give my permission for the school nurse to contact my child's Health Care Provider who has prescribed this medication in the event that complications arise or clarifying information is needed. I understand that any medication brought to school must be in its original container. *I understand that information regarding my child's medication may be shared with appropriate school personnel.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the above named student's Health Care Provider, feel that the administration of medication to this student during school hours is absolutely necessary. I am aware that medication may be administered by trained non-medical personnel.

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Removal:** At the end of the school year or the last day of the student's enrollment, I choose the following method of medication disposal. I understand that if the medication is still in school seven (7) days after the last student day, the medication will be disposed of.

\_\_\_ Parent will remove medication from school.

\_\_\_ School Nurse may dispose of medication.

Maine State Law permits students to carry and use prescribed EpiPens and Inhalers. See School Nurse for details.