

# MACNEAL SCHOOL—AUGUST 2011-AUGUST 2012 PRESCRIPTION MEDICATION ADMINISTRATION PERMISSION FORM

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This form must be filled out, signed by parent/guardian, and placed on file to indicate **every prescription medication** that needs to be administered at school. If your child does not need to be administered medication, please check the box below.

**My student does not require medication administration during the school day.**

I request school personnel to supervise the administration of medication prescribed for my child. The medication must be dispensed from the original prescription bottle and must be replenished in a timely manner. I understood that MacNeal School faculty members are administering medicine to my child in compliance with my request and the current prescription. Accordingly, I hereby release MacNeal School and personnel from any and all liability as to injuries or ill effects of any kind that may be caused thereby.

<b>Name of medication 1:</b> _____					
<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
<b>Name of medication 2:</b> _____					
<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
<b>Name of medication 3:</b> _____					
<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
<b>Name of medication 4:</b> _____					
<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
<b>Name of medication 5:</b> _____					
<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
<b>Name of medication 6:</b> _____					
<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
<b>Name of medication 7:</b> _____					
<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>	<b>mg:</b>	<b>time taken:</b>
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM

**\* Please note: This sheet and all other medication sheets (data and permission) on file for this student will no longer be valid if any information changes (medication, dosage, and/or time of day when the medication is taken). A completely new set of forms must be filled out each time there is a medication change.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**