

Shelby Public Schools
Administration of Medication

For the year of: _____
Parental Permission and Instructions

If it becomes necessary to administer medication to a Shelby Public School Student during classroom hours, the following must be completed.

Medication administered by school personnel must be in the original container or prescription container. Medication is to be transported to and from the school office by an adult (preferable the parent) and not the student.

Classroom: _____ **Teacher:** _____

TO BE COMPLETED BY THE PARENT:

I give permission for Shelby Public School Staff to give or apply the following medication to my child, _____.

I understand that the medication will be administered in accordance with the directions of his/her physician as stated below. Medication will be kept in a secure area. I will notify the office, in writing, of changes or discontinuations of the prescribed medication.

DIRECTIONS: _____ **NAME OF MEDICATION:** _____

1. Date to begin giving medication	2. Date to stop medication
2. Times medication is to be given	4. Amount (Dosage of medication each time given)
5. Storage of medication	6. Other directions, if any.
Signature of Parent	Date