MISSOULA COUNTY PUBLIC SCHOOLS

Permission for Medications or Treatments

(Only medications/ treatments that are absolutely required during school hours will be administered)

Healthcare Provider Section

Name of Student:_____Date of Birth: _____

School: _____ Grade:_____

* Medication:_____ Dosage :_____

* If medication is for asthma rescue or anaphylaxis, please use *Asthma/Bronchodilator Medication Authorization or Anaphylaxis Action Plan* forms.

Purpose of Medication:_____

Time of day medication is to be given: _____

If medication or treatment is not taken at the above time (+/- 30 minutes), how late may it still be given?

_____

Possible side effects:_____

_____

Duration: Medication/treatment to be continued until end of school year unless otherwise noted: _____

_____/ _____/ _____/_____

Provider Signature Date Phone PRINTED NAME OR STAMP

Parent/ Guardian Section

- I give my permission for (student name):_____to take the above medication at school as ordered.
- I understand that the medication will be given to my child by a school nurse or a school staff member.
- I will bring the medication to school myself or by another responsible adult. Students are not allowed to carry medication unless allowed to do so by law or specific school plan.
- I agree to doctor (health care provider) and school nurse communication based on this medical order/permission if needed. Communication, if needed, may only include the medication or treatment itself, implementation of the treatment in school and student outcomes of the treatment.
- The medication must be brought to school in the original container, appropriately labeled by the pharmacy stating the name of the medication, the dosage, and the student's name. Over the counter medication must be brought to school in its original container with label intact.
- Unused medication will be discarded at the end of the school year or after one month of discontinuing.

_____ _____

Date Parent or Guardian Signature

School Nurse Section

_____ _____

Date Order Reviewed School Nurse Signature

Revised December 2016