

BRUNSWICK SCHOOL DEPARTMENT
MEDICATION DURING SCHOOL

Student's Name _____ Phone _____

School _____ Grade _____ Teacher _____

Brunswick School System discourages the administration of medicines on school premises. If medications are needed during school hours, a nurse or principal's designee may give a student medication if the following requirements are met:

- The state law states all medication including over the counter medication must be prescribed by a health care provider. A permission form for the medication to be given during the school year must be signed by the parent or guardian and the health care provider.
- Medication must be sent in the original container in which it was purchased. Only the school dose should be in the container. The local pharmacies are aware of this requirement and will supply a second labeled bottle for use at school.

MEDICATION MUST BE SENT IN THE ORIGINAL CONTAINER

Start Date	Stop Date	Medication	Dose	Time

Reason for medication _____

Side effects _____

I give permission for school personnel to dispense this medication to the above student in school and allow them to communicate with the physician regarding this medication.

Signature of Parent/Guardian

Date

Signature of Primary Care Physician

Date

Physician telephone number: _____

Physician fax number: _____