

**WEST BRANCH AREA SCHOOL DISTRICT
MEDICATION PERMISSION REQUEST FORM**

2015-2016

Note to Parent/Guardian:

The West Branch Area School District requires that all students who need medication during school hours must do the following:

1. Present this form signed by the physician and parent or legal guardian. A consent signed by the physician and parent is needed for **prescription** and **over the counter medicines**. You may also have your child's physician fax a prescription to 814-345-3913 (West Branch Area School District Fax number), and then you may sign the form below and return it to me. I will then attach the faxed prescription to this form.

2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. If the prescription is an over the counter medicine, please provide the in the original container from the manufacturer properly labeled. All inhalers must come in their original box labeled by the pharmacy.

TO BE COMPLETED BY THE PHYSICIAN

Name of Student _____ Date of Birth _____

Name of medication _____

Specific time(s) and dose(s) to be given at school _____

Length of time (no longer than the 2015-2016 school year) _____

Are there any restrictions? _____ - If yes, what and how long? _____
Yes No

If the medication is an inhaler, please write MAY CARRY if the student needs to carry it with him/her. Otherwise, it will be kept in the health office.

Printed Name of Physician

Signature of Physician

DATE

TO BE COMPLETED BY THE PARENT/GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.

Date

Parent/Guardian's Signature

Phone