Permission for Prescribed Medication

The following information is required for any student to use prescribed medications at Renaissance Academy. All spaces must be completed. ***Only one medication order per form.***

Student Last Name _____ **Student First Name** _____

Day/Days of Attendance _____Grade_____

This Section to be filled out by Physician/Licensed prescriber (use reverse for additional information)

Name of Medication _____ Dose_____ Route_____

Reason for medication_____

It is my professional opinion that this student is responsible and knowledgeable about the proper use of this medication and should be allowed to self-carry. **YES NO**

Start or Effective Date, upon delivery of medication and permission to school. Stop Date at the end of the current school year.

Other Start Date _____ Other End date _____

Routine time(s) to give during the school day _____

Episodic/Emergency use only **YES NO**

Other administration instructions_____
Storage instructions_____
Possible side effects/adverse reactions_____

_____

Physician/Licensed prescriber _____ **Phone Number**_____

Signature_____**Date**_____

Parental Permission

- I understand it is my obligation to provide unexpired approved medication to RA properly labeled in its original container (regardless of student self-carry permission), and that I must do so for my student to attend Renaissance Academy in person.
- I request that Renaissance staff give my child the above medication as ordered.
- I understand that if my child self carries the medication, it must be properly labeled in its original container and my child understands that the medication must be taken with the knowledge of and in front of school staff.
- I give permission for the prescriber to be contacted by school staff about this order if clarification is needed.

Parent/Guardian Name_____**Date**_____

Parent/Guardian Signature _____

_____ **Date**_____

Linda Percy, Renaissance School Nurse Acknowledgement of Receipt of Medication and Review of Prescription Medication Authorization