

Woodland Park Public Schools
Medication at School Form

Parent Portion: Parents must complete and sign this section!

I give permission to the school nurse to administer medication to my child _____ during school or at a school sponsored field trip for the period from _____ to _____ as prescribed by my doctor, _____.

The medication is to be brought by the parents, handed to the nurse, labeled appropriately with the student's name, name of the medication, the amount to be given, time to be given, and expected duration of treatment. The physician's name must be on all prescription medications.

Parent Signature: _____ Date: _____

Physician Portion: Doctor must complete and sign this section!

Please administer medication to the above named child with the following directions:

Medication _____

Dosage /Route _____

Time of Administering _____

Purpose of Medicine _____

May Self Medicate _____ Yes _____ No

_____ Date _____

Physician's Signature and Stamp

Woodland Park Public Schools

Medication at School

I, _____, parent or guardian
of _____, give permission for the nurse
to administer Ibuprofen, Acetaminophen, or Tums as per policy of the
Woodland Park School district. My child has no known allergies to
either of the above medications.

Parent or Guardian Signature: _____

Date: _____