Decorah Schools Health Service

Permission for Medication

Student Name:_____ Grade:_____

Do we give medications at school on late start days?

Wednesday, 1 hour late start: YES NO 2 hour late start: YES NO

1) Medication:_____Dosage_____Reason_____

   Time to be given_____ Begin_____ End_____

2) Medication:_____Dosage_____Reason_____

   Time to be given_____ Begin_____ End_____

3) Medication:_____Dosage_____Reason_____

   Time to be given_____ Begin_____ End_____

Students in Grades 5-12 can carry a one-day supply with this signed permission.

Inhaler: Student has permission to carry and self- administer. _____ (parent initial)

Epi-pen: Student has permission to carry and self- administer. _____ (parent initial)

Insulin/Glucagon: Student has permission to carry and self- administer. _____ (parent initial)

By signing below, I request that my student receive the medication from school personnel according to school policy. I agree to deliver the medication timely to the school and in its **original labeled container** to include the students name, name of medication, dosage amount and times to be given. I fully release the school, its employees, and board from all liability related to the administration of this medication and from any injury arising from the student's self-administering or self-possession of this medication. **I agree to supply any over-the-counter medication to be given and I understand that all must be in the original container.**

Items that are not regulated by the FDA will not be administered while a student is at school. This includes but is not limited to essential oils and herbal supplements.

Signature of Parent/Guardian _____

Date _____

Please contact me for refills by: phone email

(circle one)

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