

**MOUND BAYOU PUBLIC SCHOOLS**  
**Medication Permission Request Form**  
(Use a separate authorization form for each medication)

TO: Parents/Guardians:

The Mound Bayou School District requires that all students who require prescription or non-prescription medication during school hours must do the following:

1. Present a **written consent form** signed by the parent or legal guardian and completed by a physician/healthcare provider to the principal or designee.
2. Bring the medication in the **original prescription bottle**, properly labeled by a legally registered pharmacist.
3. Give the medication to the school official who will be responsible for administering the medication to your child. Over the counter medication is to be provided by the parent and bought to the principal or designee in the original container with the child's name clearly labeled on the container.

The designated school official may give **MEDICATION** provided that the prescribing physician completes the district medication permission request form. If there is a change in medication, please send a note to the school from their healthcare provider notifying us of the change.

NAME OF STUDENT: \_\_\_\_\_ Grade: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN**

Name of Medication, dosage, and route to give \_\_\_\_\_  
Specific time (s) and additional special circumstances when medication is to be given at school \_\_\_\_\_

Length of time this medication is to be administered \_\_\_\_\_  
Are there any restrictions? YES NO If yes, what and how long? \_\_\_\_\_

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Printed Name of Physician \_\_\_\_\_ Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

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**TO BE COMPLETED BY PARENT/GUARDIAN**

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_  
to receive the following medication:

Name of medication \_\_\_\_\_ Dosage to be given \_\_\_\_\_

Time medication is to be given \_\_\_\_\_ Number of days to be given \_\_\_\_\_

Purpose of medication \_\_\_\_\_

Any special instructions? \_\_\_\_\_

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Date

Parent/Guardian Signature

Telephone Number

Revised 09/02/2010

By D. Moore, R.N.