

# Permission Form For Prescribed & Over The Counter Medication

For office use only  
Rec'd: \_\_\_\_\_  
Med. Files: \_\_\_\_\_  
Handled by: \_\_\_\_\_

School: **St. Gabriel the Archangel**  
**5503 Bardstown Road**  
**Louisville, KY 40291**

Office: (502) 239-5535  
Fax: (502) 231-1464

Student Name: \_\_\_\_\_ Date of Birth / age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher / Homeroom: \_\_\_\_\_

## ***To be completed by the physician or authorized prescriber:***

Reason for medication: \_\_\_\_\_  
Name of medication: \_\_\_\_\_  
Medication dosage: \_\_\_\_\_ Time or PRN parameters: \_\_\_\_\_

### **Route/Form of Medication/Treatment:**

Tablet  May crush if applicable  Liquid  Inhaler\*  Nebulizer

Blood sugar monitor/check  Blood sugar guidelines: \_\_\_\_\_

### **Instructions: (Schedule and dose to be given at school)**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

For episodic/emergency events only  Other Dates/duration: \_\_\_\_\_

### **Restrictions and/or important effects:**

None Anticipated  Yes. Please describe: \_\_\_\_\_

**Special storage requirements:**  None  Refrigerate  Other \_\_\_\_\_

### **Please indicate if you have provided additional information:**

\*Inhaler release form for carrying on person  More on the back side of this form.  Other Attachments

DATE \_\_\_\_\_ DOCTOR'S SIGNATURE \_\_\_\_\_

**Physician's Name (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_

**To the school:** Please report concerns about medication or disease to the above physician.

## ***To be completed by parent or guardian:***

I give permission for (name of child) to receive the above medication at school according to standard school policy. (Schools require parent/guardian to bring medication in its original container. If the dosage changes, this form and bottle must state correct dosage).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_