

**Bangor Christian Schools  
Medication Permission Form  
2018- 2019**

This form is to be filled out when it becomes necessary for a student to receive medication during school hours. **Only one medication may be listed on this form.**

**Please adhere to the following guidelines:**

1. Medications are to be brought/picked **up by the parent/guardian** not the student, in accordance with the BCS School Policy. (Including Cough Drops)
2. **No over-the-counter medication for colds, cramps, Tylenol, etc. will be administered without parent's permission. All over the counter medications need written permission from parents. All over-the-counter meds **MUST** be brought to school in its original, labeled container. We **will NOT** accept medication in envelopes, plastic bags, etc.**
3. **All medication will be kept in the nurse's office and will be taken only under the supervision of school personnel.**
4. **Students are not allowed to have medication in their possession at school. The ONLY exceptions to this are inhalers for asthmatics, epi pens, or AUVI-Q for severely allergic students, and diabetic supplies for diabetic students. These students must have a physician's order for these medications and must have been cleared through the school nurse.**
5. **No prescription medication can be given without a written request FROM A PHYSICIAN. The signature of the physician must be included on the attached form.**
6. **The first dose of any new medication must be given at home.**
7. **Whenever possible, the time of drug administration (prescribed and over the counter) should be altered to allow a student to receive all doses at home.**
8. **Prescription medication that is brought to school **must** be in its original container and labeled by a pharmacist or physician. (BCS retains the right to refuse any or all requests for administration of medication, namely improperly labeled medications and or lack of parental authorization.)**
9. **Prescription pain medication (e.g., Vicodin, Tylenol#3, Percocet, etc.) will not be administered by school personnel.**
10. **All medications will be sent home at the end of the school year. Any medication left at school will be disposed of.**
11. **My child administers his/her own:**  
\_\_\_\_ Epi pen      \_\_\_\_ Inhaler      \_\_\_\_ Diabetic medication
12. **NO over-the-counter medications will be supplied by the school**
13. **A new Medication Permission Form will be required if the dosage, time of administration or the healthcare provider changes, or a different medication prescribed by the health care provider.**

I am giving my permission for my child to administer the above medication. IT IS A **REQUIREMENT** THAT YOUR CHILD VERIFIES THE MEDICATION WITH THE SCHOOL NURSE OR SCHOOL SECRETARY THE **FIRST DAY OF SCHOOL**

\*Parent's signature: \_\_\_\_\_

**To be completed by the school nurse:**

I have evaluated the student's technique to ensure proper and effective use of an inhaler, epi-pen in school \_\_\_\_\_ Date \_\_\_\_\_

**SEE REVERSE SIDE FOR MEDICATION FORM**

# Bangor Christian Schools Medication Permission Form

## LIST ONLY ONE MEDICATION PER FORM

Date: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_

Grade: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

EXACT DOSAGE: \_\_\_\_\_

FREQUENCY/TIME TO BE ADMINISTERED: \_\_\_\_\_

If PRN (only as needed) give no sooner than every \_\_\_\_ hour or \_\_\_\_ minutes

Date to start medication: \_\_\_\_\_ Date to end medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Side effects: \_\_\_\_\_

Other instructions: \_\_\_\_\_

If your child takes Benadryl for allergic reactions, please include dosage: \_\_\_\_\_

**If the medication is a prescription the following information is required: (Including Epi Pens & inhalers)**

Doctor's name: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

I give my permission for my child to receive this medication at school according to school policy.

I give my permission for school personnel to supervise or administer the above mentioned medication to the student listed above.

\*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Note: This permission expires at the end of each school year**