P	ermission	for A	h	ministration	οf	Med	lication
	CLHHOSIVII	101 7	w	HIIIIIIIIIIII AUIVII	· • • • • • • • • • • • • • • • • • • •	1416	uwauwu

Gilbert Community Schools

Student's Name (Last)	(First)	(Middle)	Birthday	School	Grade	Date
Student's Name (Last)	(FIFSt)	(Midule)	birtilday	School	Grade	Date
• The medicati	l, dated aut on is in the	horization to original lab	o administer eled contain	r the medication er as dispensed	n. l or the manufac	cturer's labeled container.
direction	is for use ar	d date.			lication, amoun	t,
unless a pern • This consent	the safety of nission to ca is only good	fall students rry emerger for the cur	s a responsil ncy medicat rent school	ble <u>Adult</u> will to ion form is sub	mitted. (Epi-pei	ation to & from the school 1 & inhalers are examples
Medication/Health Card	<u>,</u>		Dosage	Route	Time at scho	ool
Administration instruct	ions					
Reason for medication_				Discontinue	/Re-Evaluate/ F	ollow-up Date
Prescriber			_	Date	Phor	ne
Prescriber's Address		_	Emergency Phone			
On Late start days: I w	ill give med	ication at h	ome	_ Please give m	nedication at sch	nool
With early dismissal: I	would like	medication s	given at scho	oolChile	d will take medi	cation at home
I request the above stud the prescription or non previous side effects fro as needed and that med	orescription m the medic	instruction cation. I fur	s and a reco ther agree t	rd maintained. hat school pers	The student ha	as experienced no act the prescriber
	erson admir ar circumst	nistering the ances. I agr	medication ee to provid	acts as an ordi le safe delivery	inarily reasonab	of the administration of ly prudent person would nd equipment
Parent's Signature				Date		
Home Phone If there is unused me	 dication at	Cell pho		ol year: <i>(Plea</i>	Business pho	
I will pick up	any unused	medication a	t the end of t	the school year.		
Please disca	d any unuse	ed medication	า.			Revised 5/2015