

DANVILLE SCHOOL

Prescription Medication Order and Permission Form

(To be returned to Fawn Baesemann, RN, School Nurse)

Date \_\_\_\_\_

I hereby give my permission to (prescribing licensed provider) \_\_\_\_\_ to  
release information to; \_\_\_\_\_ (school name)

Concerning medication(s) prescribed for (name of student) \_\_\_\_\_

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

Medication \_\_\_\_\_

Directions \_\_\_\_\_

Beginning Date \_\_\_\_\_ Last Dose \_\_\_\_\_

Reason for Giving \_\_\_\_\_

Signature of prescribing licensed provider:

\_\_\_\_\_

I hereby give my permission for the above named student to take the medication as prescribed above  
at school.

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

\_\_\_\_\_

No medication will be given at school until the school receives this completed form with the  
prescribed medication in a container appropriately labeled by the pharmacy or physician. All  
medicine brought into the school must be kept in the health room during school hours.

Date Received \_\_\_\_\_ Signature of School Nurse \_\_\_\_\_