



YAMHILL CARLTON SCHOOL DISTRICT

120 N. Larch Place - Yamhill, OR 97148 | PH: 503-852-6980 - FX: 503-662-4931 | www.ycsd.k12.or.us

Permission Form for Administering Medication

(Each medication requires its own form)

Student: _____ DOB: _____ Date: _____

Grade: _____ Teacher/Classroom: _____

To be Completed by the Parent, Physician or Authorized Prescriber

Name of Medication: _____

Reason for Medication: _____

Form of Medication / Treatment: Tablet/Capsule Liquid Inhaler Injection Nebulizer Other: _____

Instructions For Use (schedule and dose to be given at school): _____

Start: Date Form Received Other Date: _____

Stop: End of School Year Other Date/Duration: _____

For Episodic / Emergency Events Only

Restrictions and/or important Side Effects: None Anticipated Yes. Please describe: _____

Special Storage Requirements: None Refrigerate Other: _____

Medication Transportation:

Please note: YCES students are NOT permitted to carry their own medication to and from home, nor during school hours regardless of medication type. All medications will be available, promptly, as needed, in the front office. Supervision for administering medications is required at the elementary level. An parent or guardian must drop off and pick up all medications to the school front office This form must be on file and signed by a parent or guardian before staff will be able to administer any medications.

This student may transport this medication to and from home: (YCIS & YCHS ONLY) - No YES (YCES it is not permitted)

This student may carry their **inhaler** with them during school hours: (YCIS & YCHS ONLY) - No YES (YCES it is not permitted)

Please indicate if you have provided additional information: On the back side of this form As an attachment

Presented Date: _____ Signature: _____

Physician Name: _____ Physician Phone Number: _____

To be Signed by Parent/Guardian:

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy.

Date: _____ Signature: _____ Relationship: _____