

**Hartford High School Health Services Office
Prescription Medication Order and Permission Form**

Name of Student: _____ Date of Birth: _____ Grade: _____

PARENT/GUARDIAN PERMISSION

- I hereby give my permission for the above named student to receive the medication as described below while at school.
- I hereby give my permission for _____ to release information to the
Healthcare Provider's Name
Hartford High School Health Services Office concerning medication(s) prescribed for this student.

Signature of Parent/Guardian: _____ **Date:** _____

Note: No medication can be given at school until the school receives this completed form with the prescribed medication in an appropriately labeled pharmacy container. Prescribed medications must be brought to the Health Services Office according to the Hartford School District's guidelines and regulations for giving medication at school. Decisions for managing daily dispensing of prescribed medications will be handled on an individual basis. At school or on field trips, medications may be administered by the school nurse or an adult delegated to by the nurse. A second, empty and properly labeled container must be provided for field trips.

MEDICATION ORDER

Medication: _____

Dosage and Directions: _____

Start Date: _____ End Date: _____

Reason for Giving: _____

Signature of Healthcare Provider: _____ **Date:** _____

SELF-ADMINISTRATION OF PRESCRIPTION MEDICATIONS (*Rescue Medications Only*)

I _____ authorize that _____ be
Print Healthcare Provider's Name Print Student Name

allowed to carry and self-administer the above medication during the school day and on school sponsored activities.

Signature of Healthcare Provider: _____ **Date:** _____

Date Received: _____ Signature of School Nurse: _____