# Good Samaritan School
# CURRENT MEDICATION/TREATMENT

If medication needs to be given during school time, this form **MUST** be filled out by the doctor. We **CAN NOT** give **any** kind of medication without this permission slip being filled out and signed. Thank you.

**PLEASE TYPE OR PRINT** Date____________________

Name of Student/Client________________________________________________D.O.B.___________________

Address______________________________________________________________________________________

Name of medication or procedure_______________________________________________________________

Date administration of treatment or medication to begin__________________________________________

Amount of medication_______________________________Time to be given_____________________________

Date when medication is no longer needed_______________________________________________________

Purpose of medication______________________________________________________________________

Severe adverse reactions that should be reported to physician_______________________________________

_____________________________________________________________________________________________

Special instructions (including storage, precautions, etc.)__________________________________________

_____________________________________________________________________________________________

**The nurse will be the ONLY staff member dispensing medication.**

_____________________________________________________________________________________________

**Doctor's Printed Name** **Doctor's Signature**

_____________________________________________________________________________________________

**Doctor's Address** **Phone #** **Fax #**

**I will deliver the medication to Good Samaritan School. I will notify the school if we change physicians. I will also notify the school if medication, dosage, or procedure is changed or eliminated. Medication must be delivered to school in its original bottle with the prescription label on it and be given to the school nurse.**

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**Parent Signature**

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Revised: 6/2011 Superintendent's Signature