Berlin Area School District
Prescription Medication Permission Form

Today's Learners. Tomorrow's Leaders.

REQUIRED: Medication must be in the original container with the pharmacy label.

STUDENT INFORMATION		
Student Name	**Date of Birth**	**Grade**
District School Name ☐ Clay Lamberton Elementary Fax: (920) 361-4352 ☐ Berlin Middle School Fax: (920) 361-3379 ☐ Berlin High School Fax: 920-361-2005	**School Year**	

HEALTH CARE PROVIDER		
Medication Name		
Medication/Treatment Method ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Topical ☐ Other: _____		
Dosage	**Time(s) to be administered**	
Purpose		
Possible Side Effects		
Storage Requirements ☐ None ☐ Refrigerate ☐ Locked ☐ Student*	**Start Date**	**Stop Date**
This student is both capable and responsible for self-administering this medication. ☐ No ☐ Yes - Supervised ☐ Yes - Unsupervised		
Physician Signature		**Date**

SCHOOL STAFF	
**If the student is allowed to carry their own medication, then the district administrator, principal, or nurse must sign below. The student must have a copy of this completed form at all times when carrying and taking this medication.*	
Principal or District Nurse Signature	**Date**

PARENT/GUARDIAN	
My signature below gives permission to the district administrator, principal, or nurse to designate an appropriately trained BASD agent to give the above medication to my child. My signature further authorizes them to contact this child's health care provider regarding my child's health conditions and all medications/treatments and other pertinent health information necessary for my child's well being and educational needs. I agree to hold the Berlin School District and its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school. I agree to notify the school in writing when any change in the above is made.	
Parent/Guardian Name (please print)	**Relationship to Student**
Parent/Guardian Signature	**Date**

******The student must have a copy of this completed form at all times when carrying and taking this medication.******

Revised 06.13.23