

BERLIN AREA SCHOOL DISTRICT
295 E. Marquette St., Berlin, WI 54923
920-361-2442 ext. 3003 Fax 920-361-4352



PRESCRIBED MEDICATION PERMISSION FORM

Student's Name _____

Date of Birth _____ Grade _____

To be completed by the physician or authorized prescriber

Medication _____

***** Medication must be in original container with pharmacist label *****

Form of medication/treatment: _____ Tablet/Capsule _____ Liquid _____ Inhaler _____ Injection _____ Nebulizer
_____ Topical _____ Other: _____

Dosage _____ Times to be administered _____

Purpose _____

Possible side-effects _____

*Special storage requirements: _____ None _____ Refrigerate _____ Locked

Start Date _____ Stop Date _____

1. This student is both capable and responsible for self-administering this medication:

_____ No _____ Yes-Supervised _____ Yes – Unsupervised

2. This student may carry this medication: _____ No _____ Yes* (see below)

Signature _____ Date _____

Physician/Authorized Prescriber

Address _____ Telephone _____

**If student is allowed to carry own medication, then the district administrator, principal, or nurse must sign here: _____ Date: _____*

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

To be completed by parent/guardian

My signature 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.

Date _____ Signature _____

Relationship to Student _____