

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 \_\_\_\_\_