



Fredrick H. Tuttle Middle School

South Burlington School District Phone: 802-652-7106 Fax: 802-652-7140

Permission for Medication

Student's Name: _____ Grade/ Team: _____ Date: _____

Prescription Medication

Medication:			
Dose and Directions:			
Beginning Date:		Ending Date:	
Reason for giving:			
Signature of Physician		Date:	

Non- Prescription Medication (no MD order needed unless for long-term use)

Medication:			
Dose and Directions:			
Beginning Date:		Ending Date:	
Reason for giving:			

Parent Permission

I herby give my permission for the above-named student to take the medication as prescribed at FHTMS.

Signature of Parent/ Guardian _____ Date: _____

Act 175 (Life Saving Medications)

This student is capable of, and has been instructed by the physician in, the proper method of self-administration of this medication. He/ She has neem advised of the possible side effects of the medication and has been informed of when and how to access emergency services. Student understands the medication is solely for personal use and cannot be shared with others. Self- administration of this medication can only occur with both parent/ guardian and physician's signatures.

Physician Signature: _____ Parent/ Guardian Signature: _____

No medication will be given at the school until the school receives this completed form with the medication in a container appropriately labeled by the pharmacy, physician or original packaging.

All medicines brought into the school must be kept into the Nurse's office during school hours and brought in by the parent/ guardian.

Date received: _____ Signature of School Nurse: _____