



# MOSCOW CHARTER SCHOOL

Science • Technology • Engineering • Arts • Math

## PERMISSION TO ADMINISTER MEDICATION

\_\_\_\_\_

Full Name of Child

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

The medication given above has been prescribed by:

Dr. \_\_\_\_\_ for the treatment:

\_\_\_\_\_ : which is necessary during school hours.

The medication will be administered and supervised by school personnel as specified in the Idaho Nurse Practice Act. I understand that school personnel will administer only the medication described above, and that prescriptions and changes are the responsibility of parents/guardians and physicians. New medications will require new authorizations by parents/guardians and physicians.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

Date