

**YAZOO COUNTY SCHOOL DISTRICT
PERMISSION TO GIVE MEDICATION AT SCHOOL**

TO: Parents/Guardians

The YAZOO COUNTY SCHOOL DISTRICT requires that all students who require medication during school hours do the following:

1. Present a written consent form signed by the parent or legal guardian. This form may be picked up at your school office.
2. The medication must be brought to the school in its original prescription bottle, properly labeled by the pharmacist as prescribed by law. It must be brought to the school by the parent or legal guardian. Medications are NOT to be brought to the school by the student. Have your pharmacist provide you with a labeled extra bottle of medication if it will be left at school.
3. The doctor who prescribed the medication must fill out the "To Be Completed by Physician" section of this form.
4. The parent or legal guardian must complete and sign the bottom of this form.

Name of Student _____ Grade _____

Date of Birth _____ School _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____ Tablet size (mg) _____

If a liquid form, (ml/tsp) _____ Specific time(s) and dose(s) to be given at school _____

Length of time student is to continue medication _____ Are there any restrictions? no yes, what & for how long? _____

Reactions _____

Print name of physician _____ Signature of physician _____ Date _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____, give permission for my child, (name of child) _____, to receive the above medication as directed.

Parent/Guardian Signature _____

Phone _____ Date _____