



**B'nai Shalom Day School
2022-2023**

Permission to Dispense Medication During and After School

This form must be completed by a physician and signed by a parent/guardian and physician for any prescription or non-prescription medication to be administered at school. Medication must be brought to the front desk by a parent/guardian and may not be brought to school by a student. All medication must be in its original container with a pharmacy label attached if prescription and in its original container with an unexpired date if over-the-counter.

Student's Name _____ Grade _____ Age _____

Allergies _____

**Non-Prescription (Over-the-Counter) Medication
(To Be Provided By Parent/Guardian)**

	Yes	No	Dosage	Side Effects	Date to Begin and End
Tylenol or generic	_____	_____	_____	_____	_____
Advil or generic	_____	_____	_____	_____	_____
Antacids (Tums)	_____	_____	_____	_____	_____
Cough Drops	_____	_____	_____	_____	_____
Antibiotic Ointment	_____	_____	_____	_____	_____
Cortisone Cream	_____	_____	_____	_____	_____
Sunscreen	_____	_____	_____	_____	_____
Benadryl or generic	_____	_____	_____	_____	_____
Insect Repellant	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

Prescription Medication

Medication _____ Reason for medication _____

Dosage _____ Time to be given _____

Side effects _____

Possible adverse reactions that should be reported to physician _____

Date medication to begin _____ Date medication to end _____

Special handling instructions _____

Note: The physician may use another format (computer printout, letter, etc.) to authorize administration of the medication. However, all information requested above must be provided.

**THIS FORM MUST BE COMPLETED WITH PHYSICIAN AND PARENT/GUARDIAN
SIGNATURE**

PHYSICIAN AUTHORIZATION (REQUIRED)

Printed Physician's Name _____

Phone number _____ Fax number _____

Physician signature _____

Date _____

PARENT/GUARDIAN AUTHORIZATION (REQUIRED)

Parent/Guardian Signature _____ Date _____