



**B'nai Shalom Day School
2020-2021**

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	_____	_____	_____	_____
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.

THE BACK OF 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 _____