



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

School Health Program

PERMISSION FORM FOR DISPENSING MEDICINE BY SCHOOL PERSONNEL

School personnel must have parental consent to dispense medication at school. All medication must be in the original container and appropriately labeled. If a change in type of medication or dosage is warranted a new medication permission form must be signed by the parent.

All medication will be maintained in the nurse's office and dispensed according to the label directions and at the discretion of the school nurse. Only medications that cannot be scheduled outside of school hours will be accepted. All medications will be discarded at the end of the school year unless picked up by parent/guardian.

Today's Date _____

Student Name _____ DOB _____

School _____ Grade/Teacher _____

Parent/Guardian _____

Contact Numbers _____

Medication Allergies _____

Name of Medication _____

Reason for Medication _____

Amount to be Given _____ Time _____ Duration _____

Expiration Date of Medication _____

Prescribing Physician _____

Date of Prescription _____ Prescription Number _____

I give my permission for school personnel to dispense this medication to my child during school hours.

Signature of Parent/Guardian

Date