



Physician/Parent Medication Permission Request Form

Student Name: _____ DOB: _____

The Gretna Public School District requires that all students who need any medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. **For prescription medication:** Present written consent form signed by both parent/legal guardian and physician. Send medication in the original prescription bottle.
3. **For over the counter medications:** Present written consent form signed by parent/legal guardian and send medication in the original bottle.

Short term medication that will be needed longer than 2 weeks, may be given by district personnel provided that the prescribing physician completes the district medication permission request form. This also applies to inhalers, all over the counter medication, including Tylenol and Ibuprofen that may be used occasionally.

Name of medication: _____

Dose: _____

Route: _____

Time: _____

Reason for Medications: _____

Start Date: _____ End Date: _____

Physician Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Reviewed by Nurse: _____ Date: _____