



## Medication Permission Slip Baxter Community School

District policy requires parent/guardian consent to give prescription and nonprescription drugs at school. We ask your cooperation in filling out the following information.

Student \_\_\_\_\_ Grade \_\_\_\_\_  
(Please give teacher's name for elementary students)

Name of medication \_\_\_\_\_

Time(s) to be given \_\_\_\_\_ Dose \_\_\_\_\_

•Start medication: (check one)

Date received \_\_\_\_\_ Other (specify) \_\_\_\_\_

•Stop medication: (check one)

End of School year \_\_\_\_\_ Other (specify) \_\_\_\_\_

•Medication is for emergency / episodic events only: \_\_\_\_\_

Special storage requirements:

None \_\_\_\_\_ Refrigerate \_\_\_\_\_

I request the above student be given medication at school according to the instructions. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment or it will be destroyed.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone