

**YAZOO COUNTY SCHOOL DISTRICT  
PERMISSION TO GIVE MEDICATION AT SCHOOL**

TO: Parents/Guardians

The YAZOO COUNTY SCHOOL DISTRICT requires that all students who require medication during school hours do the following:

1. Present a written consent form signed by the parent or legal guardian. This form may be picked up at your school office.
2. The medication must be brought to the school in its original prescription bottle, properly labeled by the pharmacist as prescribed by law. It must be brought to the school by the parent or legal guardian. Medications are NOT to be brought to the school by the student. Have your pharmacist provide you with a labeled extra bottle of medication if it will be left at school.
3. The doctor who prescribed the medication must fill out the "To Be Completed by Physician" section of this form.
4. The parent or legal guardian must complete and sign the bottom of this form.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Name of Medication \_\_\_\_\_ Tablet size (mg) \_\_\_\_\_

If a liquid form, (ml/tsp) \_\_\_\_\_ Specific time(s) and dose(s) to be given at school \_\_\_\_\_

Length of time student is to continue medication \_\_\_\_\_ Are there any restrictions?  no  yes, what & for how long? \_\_\_\_\_

Reactions \_\_\_\_\_  
Print name of physician \_\_\_\_\_ Signature of physician \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

I, \_\_\_\_\_, give permission for my child, (name of child) \_\_\_\_\_, to receive the above medication as directed.

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

Phone \_\_\_\_\_ Date \_\_\_\_\_