

EGREMONT SCHOOLS, Inc.  
19850 DEVONSHIRE ST.  
CHATSWORTH CA, 91311  
818-363-7803

**SCHOOL MEDICATION PERMISSION**  
**AGREEMENT**

STUDENTS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMERGENCY PHONE NUMBER \_\_\_\_\_

TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN:** We at E.S.I. realize it may be important for a student's well being that medicine be taken at school. It is also important that such medicines be approved and that administration of medicine follows school policies and guidelines based upon a physician's written authorization. This form is required before the school will administer any medicines. A separate form is required for **each medicine** the student may be taking. Please include authorization and instructions from the students Physician or an authorized and qualified Medical Advisor.

**MEDICATION INFORMATION**

Name of Medication \_\_\_\_\_

Condition treated by this medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time(s) of use \_\_\_\_\_

Duration period student will be taking this medication \_\_\_\_\_

Is medication necessary for child to remain in school? \_\_\_\_\_ YES \_\_\_\_\_ NO

Will child experience any side effects? \_\_\_\_\_ YES \_\_\_\_\_ NO Possible side effects \_\_\_\_\_

Has student been informed of parent and physician instructions for use and storage of this medicine? \_\_\_\_\_ YES \_\_\_\_\_ NO

Special storage instruction request \_\_\_\_\_

**REQUEST FOR SCHOOL PERSONNEL TO ADMINISTER**

Parents are aware of the school's policies and procedures related to medication by school personnel? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Describe all administration conditions and procedures that those giving the medication should be aware of:

\_\_\_\_\_

**AUTHORIZATION SIGNATURES**

**PARENT/GUARDIAN:** Your signature indicates the accuracy of the above information and your acknowledgement of school policies and guidelines for the administration of medication. (no cough drops will be given to any student.)

Please print Parent/Guardian's Name(s) \_\_\_\_\_

I, (we) \_\_\_\_\_ hereby grant permission for Egremont School, Inc. and/or it's personnel to administer the above medication according to doctor's written orders and school policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_