



PRESCRIPTION MEDICATION PERMISSION FORM 2021-2022

For continuing medications a new form must be completed annually

- Parents should consult with their child's doctor/health care provider to coordinate the schedule of medication administration to allow their child to receive all prescribed doses of medication at home whenever possible.
- The first dose of a medication must always be taken at home.
- Completion of this form authorizes the School to administer the prescription medications listed below to your child.
- L'EFDM reserves the right to refuse requests to administer medications or discontinue administration of a medication to a student if any of the criteria in the policy are not met.
- The parent/guardian has the sole responsibility for ensuring that prescriptions are filled or re-filled as needed.

Student _____ **Grade 2020-2021** _____ **DOB** _____

Prescription medication(s) must be delivered to the Assistant to Head of School in the original container in no more than a one-week supply. All medications (unless specifically notified) will be given at lunchtime. Students must arrive at the Assistant's office in a timely fashion to receive their medication. (Attach additional sheets if necessary)

Medication #1

Name of medication _____ dosage _____

- Time medication is to be given _____
- Prescribing doctor/health care provider _____ phone _____
- Termination date for medication _____
- Possible side effects and action to be taken if they occur _____

Medication #2

Name of medication _____ dosage _____

- Time medication is to be given _____
- Prescribing doctor/health care provider _____ phone _____
- Termination date for medication _____
- Possible side effects and action to be taken if they occur _____

I have read the Health and Safety policies in the Parent – Student Handbook and I give permission for school personnel to provide and/or oversee the administration of the above-named medication(s) to my child in accordance with the Policy. I understand that the School personnel who will be providing/administering these medications are not licensed health care professionals and I release L'Ecole Française du Maine and its employees from any and all liability associated therewith.

Signature(s) of Parent/Guardian(s) _____ Date _____

_____ Date _____

Please return to the office

Changes in the information listed above must be reported promptly to the School