



Rochester Community School Corporation
...inspiring individuals to learn, grow, and give

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Superintendent

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PERMISSION TO ADMINISTER MEDICATION

STUDENT NAME _____ GRADE/TEACHER _____

I GIVE THE NURSING STAFF/APPOINTED INDIVIDUAL OF THE ROCHESTER COMMUNITY SCHOOL CORPORATION PERMISSION TO GIVE MY CHILD, _____, THE FOLLOWING MEDICATION:

Medication # 1 _____ Dosage/Amount to be given _____
Time to be given while at school _____
Special instructions for administration _____

Medication # 2 _____ Dosage/Amount to be given _____
Time to be given while at school _____
Special instructions for administration _____

Medication # 3 _____ Dosage/Amount to be given _____
Time to be given while at school _____
Special instructions for administration _____

ALL medications must be in the original bottle/container. Prescription medications must have the pharmacy label or doctor's order with the child's name, name of medication, the correct dosage and the instructions for administration. Students may NOT transport medication to school.

PARENT SIGNATURE _____ DATE _____

NURSE SIGNATURE _____ DATE _____

