

New Kent County Public Schools  
Permission Form for the Administration of Medication at School

Part A – Physician’s Note

I certify that in my opinion it is medically necessary that the medication prescribed below be administered to \_\_\_\_\_, during school hours and that school personnel may administer this medication.

Medication: \_\_\_\_\_

Dosage and Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Condition prescribed for: \_\_\_\_\_

Physician’s signature: \_\_\_\_\_

Date: \_\_\_\_\_

Part B – Parent’s Note

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, request that the School Nurse or principal designee administer the medication prescribed above to my child during school hours. I understand that the person (principal’s designee) may be a non-medical person giving medications, and agree that I shall not hold such persons or the School Board of New Kent liable in any way for any harm or injury resulting from administration of such medication. I also agree to furnish said medication in the bottle supplied by the drug store with the label intact. I also give consent for medication verification, when necessary with the child’s doctor or pharmacist.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_