Providence Creek Academy
Charter School

Parental Request to Have Prescription Medication/Treatment Administered in School

If it is necessary for your child to receive medication during the school day, please do the following:

- Send the medication to school with a responsible individual if you are unable to take it to school.
- Send the medication in the original container. If a prescription, the container must be properly labeled with correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- Pick up the medication from school at the end of the school year.

Date: _____ Grade:_____ Teacher:_____
Student's Name: _____
Medication: _____
Dose: _____ Time: _____
Reason for Medication: _____
Allergies to Medications: _____
Number of tablets sent: _____
Amount of liquid: _____
Number of inhalers: _____
Number of Epi Pens: _____

Prescription Box □
Allergy Action Plan □
Asthma Action Plan □

I am aware that the school nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse.

Parent/Guardian Signature:_____

Nurse's Signature: _____

Number of tablets/amount of liquid/inhalers/epi pens received: _____

_____I give permission for this medication to be taken with my child on any school-sponsored field trip during the school year. I understand that a trained staff member will assist my child in taking the medication as outlined above. (Please note that inhalers and epi pens must go on the field trip or the student is not permitted to go.)

_____My child will not require medication on field trips.

Parent/Guardian Signature: _____

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