

Gretna Public Schools
Physician Medication Permission Request Form



Student Name: _____

Date of Birth: _____ School: _____

The Gretna Public School District requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.

Long-term medication (longer than four weeks) may be given by district personnel provided that the prescribing physician completes the district medication permission request form. This also applies to inhalers that may only be used occasionally.

To Be Completed by Physician

Name of medication: _____

Specific time and dose to be given at school: _____

Are there any restrictions? Yes _____ No _____ If yes, what and how long? _____

Signature of Physician

Date

Printed Name of Physician

To Be Completed by Parent

I, _____, give permission for my child to receive the above medication as directed.

Parent's/Guardian's Signature

Date