

BRISTOL VIRGINIA PUBLIC SCHOOLS

Virginia High School Fax (276) 821-5851
Virginia Middle School Fax (276) 821-5661
Highland View Elementary Fax (276) 821-5711
Stonewall Jackson Elementary Fax (276) 821-5741
Van Pelt Elementary Fax (276) 821-5771
Washington Lee Elementary Fax (276) 821-5801

PERMISSION FOR MEDICATION

Name of Student _____ DOB _____
School _____ Grade _____ Teacher _____

Medication _____ Dosage _____
Purpose of Mediation _____
Time of day medication is to be given _____
Possible Side Effects _____
Anticipated number of days medication should be given at school: _____

Medication _____ Dosage _____
Purpose of Medication _____
Time of day medication is to be given _____
Possible Side Effects _____
Anticipated number of days medication should be given at school: _____

Medication _____ Dosage _____
Purpose of Medication _____
Time of day medication is to be given _____
Possible Side Effects _____
Anticipated number of days medication should be given at school: _____

Medication – Discontinued _____ Date _____
_____ Date _____
_____ Date _____

_____ Date _____ Signature of Physician

I hereby give my permission for _____
to take the above prescription at school as ordered. I understand that it is my
responsibility to furnish this medication.

_____ Date _____ Signature of Parent/ Guardian

NOTE: The prescription medication is to be brought to school in a container
appropriately labeled by the pharmacy, or physician, stating the name of
the medication and the dosage. Parents or guardians are to bring
medication to the school office.