Lincoln Academy
Medication Permission Form

- **All medication should be administered at home whenever possible**
- **No medication is to be carried by a student without parental permission and approval of the school nurse**
- Medication must be in the original pharmacy labeled bottle. Extra labeled containers may be requested from your pharmacist
- Lincoln Academy retains the discretion to reject any or all requests for the administration of medication in school

Student's Name:_____ Date of birth:_____

Name of Medication(s):_____

Diagnosis/ Reason for Medication:_____

Dosage and Form of Medication:_____

Specific area of Application (topicals):_____

Medication Allergies:_____

Time of Administration:_____

Possible Side Effects:_____

Prescribing Physician Name:_____

Physician Address:_____

Physician Telephone:_____

_____ _____
Date Parent/Legal Guardian Signature

Long-Term Medication Permission Request Form

The prescribing physician must sign this form if the medication is to be administered in school for more than two weeks.
I agree to re-evaluate this child's need for this mediation and will resubmit this form on a yearly basis.
Maine law now permits students to carry and use inhaled medicines and Epi-pen after demonstrating appropriate use of inhalers and/or Epi-pen to the school nurse.

☐This student is able to carry and use the named inhaled medicine or Epi-pen.

☐This student is not able to carry and used the named inhaled medicine or Epi-pen and will need supervision of the school nurse.

_____ _____
Date Physician's Signature