

**ORANGEBURG PREPARATORY SCHOOLS, INC.**  
**Medication Permission Request Form**

Orangeburg Preparatory Schools, Inc. requires that all students who need medication during school hours, after-school activities, or day care present the school the following:

1. Written communication/permission signed by the parent;
2. Medication in the original prescription bottle properly labeled by a registered pharmacist as prescribed by, law. Renewed prescriptions must be sent to the school in the prescription bottle as issued by the pharmacist. **NO OTHER CONTAINERS WILL BE ACCEPTED.**

Long-term medication (Longer than four weeks) and PRN (as needed) medication may be given by school personnel provided that the prescribing physician completes the school's MEDICATION PERMISSION REQUEST FORM.

NAME OF STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE & HOMEROOM \_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN**

NAME OF MEDICATION: \_\_\_\_\_

SPECIFIC TIME(S) AND DOSES TO BE GIVEN AT SCHOOL: \_\_\_\_\_

SYMPTOMS FOR WHICH PRN MEDICATION SHOULD BE GIVEN: \_\_\_\_\_

LENGTH OF TIME: \_\_\_\_\_

WHAT ARE THE RESTRICTIONS, IF ANY, AND HOW LONG? \_\_\_\_\_

\_\_\_\_\_  
NAME OF DOCTOR (PRINT)

\_\_\_\_\_  
SIGNATURE OF DOCTOR

\_\_\_\_\_  
TELEPHONE NUMBER

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**TO BE COMPLETED BY PARENT**

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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number