



THE GREEN VALE SCHOOL
MEDICATION PERMISSION REQUEST FORM

In accordance with New York State Education Department regulations, The Green Vale School requires that all students who need medication during school hours provide 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.
3. Present a completed medication permission request form from the prescribing physician as follows:

Name of Student _____

This pertains to both prescription and over-the-counter medication.

To Be Completed By Physician

MEDICATION	DOSAGE PER PILL (mg)	NUMBER OF PILLS PER DOSE	TOTAL DOSAGE	TIMES	A.M. P.M.

The following side effects are common:

The following side effects should be reported to me:

Physician's Signature

Date

Physician's Name Printed

Physician's Telephone

To Be Completed By Parent

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

Date

Parent's / Guardian's Signature

Telephone