



DEPARTMENT OF DEFENSE  
 DEPENDENTS SCHOOLS  
 WIESBADEN HIGH SCHOOL  
 Unit 29647  
 APO AE 09096

# MEDICATION DURING SCHOOL HOURS

*Erlaubnis für Medikamentengabe*

**To be completed by Physician.**

Name of Student *Des Schülers/der Schülerin* \_\_\_\_\_

Diagnosis and Indication for Medication Administration \_\_\_\_\_

Medication (*Medikament und*) \_\_\_\_\_ Dosage (*Dosierung*) \_\_\_\_\_

Time (*Tages zeit/ender Medikamentenausgabe*) \_\_\_\_\_ Route \_\_\_\_\_

Duration (*Dauer der Behandlung*) \_\_\_\_\_

Possible side effects (*Mögliche Nebenwirkungen*) \_\_\_\_\_

Precautions/Restrictions \_\_\_\_\_

Other medications taken (*Werden andere Medikamente genommen?*) \_\_\_\_\_

Date (*Datum*) \_\_\_\_\_

Signature of Physician (*Unterschrift des behandelnden Arztes*) \_\_\_\_\_

Clinic \_\_\_\_\_ Phone number (*Telefon nummer des Hausarztes*) \_\_\_\_\_

\*\*\*\*\*

**To be completed by Parent.**

I hereby give my permission for \_\_\_\_\_  
 to receive, from the school nurse and/or other trained school personnel, the above prescription at school  
 as ordered. I understand that it is my responsibility to furnish the school with this medication. I give  
 permission for the school nurse and Health Care Providers at the Medical Treatment Facility to  
 exchange information about my child, the diagnosis for which this medication is prescribed and my  
 child's response to the medication.

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Parent daytime phone number #1 \_\_\_\_\_ #2 Cell \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

**NOTE: The prescription medication must be brought to school in the original container, properly labeled by the  
 pharmacy or physician, stating the name of the student, the medication, the dosage and the date issued. The  
 medication will remain at school for the duration of the prescription.**

Wiesbaden High School. DSN: 337-6238 CIV: 0611-705-6238

\*\*My child is permitted to bring their medication home on the last day that they attend school.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date