

HERBAL-VITAMIN-ESSENTIAL OILS-DIETARY SUPPLEMENT PERMIT - AUTHORIZATION for ADMINISTRATION

EACS recognizes herbal-vitamin-essential oil-dietary supplements may be used for some medical conditions. However, as with prescription medication, if consumed incorrectly, they may be harmful. Therefore, herbal-vitamin-essential oils-dietary supplements will ONLY BE ADMINISTERED by school personnel if there is an Hs-5a permit signed by the student’s physician and parent on file in the school clinic. EACS is not responsible for adverse reactions of herbal-vitamin-dietary supplements when given according to the physician’s written instructions. **Parent/guardian is responsible for the safe arrival of all herbal-vitamin-essential oils-dietary supplements and their refills, if needed, to school.**

Student’s Name: _____ Grade: _____ Room: _____

Medical condition: _____

Supplement Name: _____ Dose: _____ Time: _____

Physician’s signature _____ Physician’s name PRINTED _____ Office Phone Number _____ Date _____

Parent/guardian signature _____ Date _____

HERBAL-VITAMIN-ESSENTIAL OILS-DIETARY SUPPLEMENT DOCUMENTATION

RN’s Signature and Initials:

Date	Manufacturer	Count	RN’s Initials