

**Dispensing of Prescription Medication**

Parental Request

Student's Name \_\_\_\_\_ Class/Grade \_\_\_\_\_

Address \_\_\_\_\_

I hereby request and give my permission to the school principal or designee (school nurse or other responsible person) to administer medication/procedure, as prescribed by the physician, to my child. I, the undersigned, release school personnel from liability in dispensing any medication or performing any procedure authorized by me. In addition, I understand that it is my responsibility to see that the medication needed and equipment needed is delivered to the school and to notify the school as to any changes in medication, procedure and/or physician.

**(ALL MEDICATION MUST BE LEFT IN ITS ORIGINAL CONTAINER).**

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

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

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Physician's Statement

The following prescription drug is to be administered to the above named student:

Name of drug \_\_\_\_\_ Dosage \_\_\_\_\_

Dates to be administered \_\_\_\_\_ Through \_\_\_\_\_

Time of day to be administered \_\_\_\_\_

Special instructions for administration of the drug \_\_\_\_\_

Please report the following severe reactions \_\_\_\_\_

**A revised statement, signed by the physician, must be submitted to the school if there is a change in the info. provided above.**

Physician's Signature \_\_\_\_\_ Office Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Dispensing of Non-Prescription Medication**

Student's Name \_\_\_\_\_ Grade/Class \_\_\_\_\_

Brief description of student's condition \_\_\_\_\_

Type of medication \_\_\_\_\_ When to be administered \_\_\_\_\_

Physician authorizing use of medication \_\_\_\_\_

Other remarks \_\_\_\_\_

**I am requesting that school personnel administer medication to my child as described above. It is understood that teachers, nurse, administrators or secretaries assume no liability in the dispensing of medication to my child.**

**\*\*\*\*\*ALL MEDICATION MUST BE LEFT IN ITS ORIGINAL CONTAINER\*\*\*\*\***

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