



Permission for Administration of Medication (Step 5)

IMPORTANT REQUIREMENT:

All medications must be physically brought to the school office by the Parent/Legal Guardian. (No medication may be handed to school personnel by a minor child.)

Prescribed Medication

Student: _____ DOB: _____ School: _____

Name of Medication: _____ Doctor: _____

Prescription Number: _____ Date of Prescription: _____

I, _____, grant permission for the principal or the principal's designee
 (Parent/Legal Guardian)
 to assist in the administration of prescribed medication for my child/legal ward, _____
 (Student)

I certify that the prescribed medication is in its original container and that it is necessary, according to my doctor's instructions, for this medication to be provided during the school day, including when my child is away from school property on official school business. I understand that this medication will be given only according to the directions on the label as prescribed by the doctor. I further understand that it will be my responsibility to pick up any unused medication, within 30 days at the end of the school year.

Parent/Guardian: _____ Date: _____
 (Signature)

Non-Prescription (Over-the-Counter) Medication

Student: _____ DOB: _____ Weight: _____

School: _____

I request that my child/legal ward, _____, be given external and/or internal medication identified below during the school day, including when my child is away from school property on official school business. I will provide the medication in its original container. I understand that such medication will be given only according to the following directions:

Medication: _____ Amount: _____ When: _____
 (Directions from the parent/guardian may not exceed the medication instructions on the label.)

Date Medication to be Discontinued: _____

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions.

Parent/Guardian: _____ Date: _____
 (Signature)