

MEDICATION PERMISSION FORM

Student _____ Grade _____
Birthdate _____ School _____
Parent/Guardian _____
Home Address _____
Home Telephone _____ Work Telephone _____
Doctor _____ Telephone _____
Pharmacist _____ Telephone _____

Request and Authorization

I hereby request and authorize the administration of the following medication for my child. I recognize that the administration of medications will be given by non-medically trained staff.

Diagnosis (Condition Being Treated) _____

Medication Being Prescribed _____

Amount of Dosage _____

Administration Frequency/Times _____

Method of Administration _____

Duration of Treatment _____

Special Handling or Storage Requirements _____

Possible Repercussions Should The Procedure Not Be Followed Exactly _____

Other Pertinent Information: _____

Medical Verification Statement

I have reviewed the information on the attached page, and it reflects the medical advice I have given as of this date.

Physician's Signature _____ Date _____

NOTE: It is preferred that the physician provide said statement but it is not a legal requirement. However, board policy does require an attachment of the physician's written verification of the medication and its dosage.

Parent/Guardian Release

I/we understand that Board employees are nonmedically trained personnel. IN CONSIDERATION of the Board permitting an employee of the Board to administer the medications listed on this Student Medication Form, I/we and each of DO HEREBY RELEASE AND FOREVER DISCHARGE the Board and its employees from any liability or injury, illness or disability suffered to _____ arising out of the administration of the said medication or from the failure to administer the said medication by an employee of the Board and DO FOREVER RELEASE the Board and its employees from any claim or claims which I/we, or both of us, may have arising out of the administration of the said medication or from the failure to administer the said medication to _____.

All of the information on this Student Medication Form is correct as of this date. We agree to contact the school immediately if there is a change in medication or dosage.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____