

PARENT'S REQUEST FOR GIVING MEDICATION AT SCHOOL

We, the parent or guardian, authorize the school to assist our child _____

Name

in taking _____

Medication

Dosage and Time

and agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by a school administrator to assist our child in taking this medication.

Date

Signature of parent or guardian

The medication should be delivered to the school nurse and/or the designee. It should be in a properly labeled original prescription container for a prescribed medication. If it is an over the counter medication, it should be properly labeled with the student's name and have a future expiration date.

I request that at the end of the school year or the end of the prescribed time period to take the above medication, that the remaining above medication and/or container be:

_____ Sent home with _____

Student's Name

_____ Parent or guardian will pick up

_____ Be destroyed by school personnel

Date

Signature of parent or guardian

PARENT'S REQUEST FOR GIVING MEDICATION AT SCHOOL

We, the parent or guardian, authorize the school to assist our child _____

Name

in taking _____

Medication

Dosage and Time

and agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by a school administrator to assist our child in taking this medication.

Date

Signature of parent or guardian

The medication should be delivered to the school nurse and/or the designee. It should be in a properly labeled original prescription container for a prescribed medication. If it is an over the counter medication, it should be properly labeled with the student's name and have a future expiration date.

I request that at the end of the school year or the end of the prescribed time period to take the above medication, that the remaining above medication and/or container be:

_____ Sent home with _____

Student's Name

_____ Parent or guardian will pick up

_____ Be destroyed by school personnel

Date

Signature of parent or guardian