

MEDICATION DISPENSING PERMISSION FORM



STUDENT'S NAME _____

BIRTH DATE _____

ADDRESS _____

PHONE _____

SCHOOL _____ GRADE _____

TEACHER _____

In case of emergency, please contact:

(name)

(phone number)

(name)

(phone number)

I, _____, (please choose one: parent legal guardian primary caregiver) of the student named herein provide my permission for my son/daughter to have medication administered during the school day in accordance with the medication information provided below. I have received and reviewed the District's medication administration policies and guidelines and had the opportunity to have my questions answered by appropriate District staff. By requesting the District to allow administration of medication to my son/daughter, I agree to hold the District harmless for any injury that may occur due to the use of this medication.

Parent/Legal Guardian/Primary Caregiver Signature

Date

TO BE COMPLETED BY THE PHYSICIAN

(or attach similar written information on the physician's letterhead and signed by the physician)

MEDICATION _____

DOSAGE _____ TIME _____

LENGTH OF TIME for which student will need to take medication _____

TYPE OF DISEASE OR ILLNESS _____

IS DISSEMINATION OF THIS MEDICATION NECESSARY DURING THE SCHOOL DAY FOR THE CHILD?

POSSIBLE SIDE EFFECTS: _____

POSSIBLE CONTRAINDICATIONS: _____

PROPER STORAGE OF MEDICATION: _____

This student has been advised of the proper use of this medication and the risks associated with misuse of the medication. The student is capable of appropriately administering the medication as instructed, and I have no knowledge of or reason to believe the student would misuse or otherwise abuse the medication.

Physician Signature

Physician Telephone Number

Date

IMPORTANT INFORMATION:

1. Medication is to be brought to the school in a pharmaceutical container, clearly marked with the child's name, the name of the medication and pertinent instructions.
2. At the end of the school year, you will be requested to pick up any unused medication. If medication is not picked up as requested, medication will be appropriately disposed of by school staff.
3. The parent must report immediately any changes in prescription or dosage. New permission forms must be obtained for each change.
4. Parents will be notified whenever a PRN ("as needed") medication is given to the child.