Parent and Physician Permission for Administration of Medication by School Personnel

Name of Student Grade Level Name of Medication Amount to be Given Time(s) to be Given number of school days entire school days entire school year" is checked a physician's signature is required.	ool year
Amount to be Given Time(s) to be Given Length of Administration number of school daysentire school	ool year
Time(s) to be Given number of school daysentire school	ool year
Length of Administration number of school daysentire school	ool year
	ol year
**** If "antira cohool year" is chacked a physician's signature is required	
ir entire scrioor year is checked a physician s signature is required	d below**
Reason for Medication:	
Significant Side Effect(s)	
Inhaler to be carried by studentyesno	
(Parent/Guardian Signature) (Date) (Physician's Signature)	(Date

I hereby request that the School District, or its authorized representative, administer the drug named above to my child named above, in accordance with the prescribing physician's instructions, and agree to:

- 1. Submit this request to office personnel
- 2. Make sure that the medication is brought to school in its original container and/or packaging.
- 3. Make sure the container in which the drug is dispensed is marked with the drug name, dosage, interval dosage, and date after which no administration should be given.
- 4. Any medications left at school will be destroyed at the end of the school year
- 5. Over the counter medications must have dosage(s) labeled for the age of your child.
- 6. Medications will not be administered past the expiration date.
- 7. Release the School District and the Board of Education of the School District and all employees, agents, and the representatives of the School District from any liability concerning the giving or non-giving of the drug to the student.

	Medication Log for:	og for: Student's Name:			Grade:								
	Medication:	with docume date & time of ade	- Indicator Inc	Tamoo o obit			Dosage:	 -	1		Frequence	Frequency:	Frequency:
		MILLI GOSAĜO GAIO OL ALI	IIIIIsaanoii. Tiic	aude a compi				ering medi	<u> </u>	100 at	Jon at the bottom	uon at the bottom where indi	Duccious. Third with too ago take of administration. The first signature and initials of persons administration at the bottom where indicated.
guA													
Sept										-			
toO											·		
AON													
Dec										 	·		
nst										1			
Тeb										1			
Mar										1			
Apr									,	1			
YEM										t			
 	Initials		Signature		2.	Initials			Signature	. =	ure	ure	ure
ب ا ا			1		. 4	·				ı i			