

_____ SCHOOL

PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student _____ Grade ____ Room ____ ID# _____

Date: _____

I hereby give permission to the school nurse or designated school personnel to administer _____ as prescribed by the physician.
(Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes to the medication order from the physician will be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate communication with the ordering prescriber related to the above medication.

I have furnished the medication in a properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I agree to hold the School District, its employees and agents, who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school.

Parent/Guardian Signature

Home phone _____

Work phone _____

Cellular Phone _____

Times and dosage of any and all medications taken at home

