

# MEDICATION ADMINISTRATION RELEASE FORM

Date \_\_\_\_\_

I request that you give medication to my child during the school day in accordance with Board policy printed below. I will not hold the school staff responsible for any undesired reaction which may occur from the medication.

I agree to pay for ambulance service if used to transport my child from school to the doctor or hospital should he/she have a reaction to the medication.

Parent Signature \_\_\_\_\_

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ mg, tsp., etc.  
# of tabs \_\_\_\_\_

Reason for Prescription \_\_\_\_\_

Choose time to be given: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. [ ] before lunch [ ] after lunch  
[ ] as needed

In case of emergency call \_\_\_\_\_ Phone \_\_\_\_\_

Hospital to be called \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to be called \_\_\_\_\_ Phone \_\_\_\_\_

Clinic Name \_\_\_\_\_

## MEDICATION PROCEDURE

### *GUIDELINES*

1. The medication must be in the current, original container with your child's name on the prescription.
2. No medication to be given three (3) times daily or less will be administered at school.
3. The consent form must be signed before any medication will be given at school.

**HANDWRITTEN NOTES ARE NOT ACCEPTABLE.**