



## MEDICATION FORM

### **Consent for administration of medication during the school day.**

Parents of students requesting that medication be administered during school hours by school staff are required to provide for the school:

1. A statement from the physician.
2. A parental release for the administration of medication.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

### **Physician's order for administration of medication by school staff.**

Medication \_\_\_\_\_

Dosage and time of administration \_\_\_\_\_

Possible side effects \_\_\_\_\_

Purpose or condition for which prescribed \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Physician's Phone #

### **Parental Release for the administration of medication**

I request this medication be given as prescribed and the above information be released to the physician as requested.

I release school staff from any liability concerning the administration of this medication at school.

I understand I must provide this medication in the **original, properly labeled pharmacy container.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

