

Request for Medication to Be Administered During School Attendance in USD #321

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Date Medication started _____ Reason for RX _____

Time of day Medication is to be given _____

Anticipated number of days to be administered at school _____

If using an inhaler, is student able to keep at desk/locker and self-administer as needed?
Yes ____ No ____

Date _____
Signature of Physician

I hereby give my permission for _____ to take the above prescription at school as ordered. I confirm that my child has taken at least one dose of this medication without an allergic reaction. I understand that it is my responsibility to furnish this medication to the school. I further understand that any school employee who administers any drug to my child in accordance with written instruction from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student. USD 321 requires written permission from the parent and their child's physician in order to administer **ANY medications** at school, including **all over-the-counter medications**, with the exception of cough drops, hydrogen peroxide, topical A&D or Aquaphor ointment.

*Would you like to be notified if your child's "as needed" medication is administered at school?
Yes ____ No ____ Phone _____ Notes _____

Date _____
Signature of Parent or Guardian

NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage and the number of days to be administered at school.

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