

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Responsible Staff Personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication (name and prescription number): \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Mode of administration: \_\_\_\_\_

Length of time medication is to be given: (Please circle one.)

one day    two days    three days    one week    all school year    other: \_\_\_\_\_

Special instructions: \_\_\_\_\_

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

Possible effects on learning and/or physical functioning: \_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_

Physician's address: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I request/consent this medication be given to my child in the manner specified herein. I give permission to school personnel to administer the medication. I understand that the administration of the medication will not necessarily be done by a nurse. I will notify the school immediately if my child's health status changes, or if there is a change or cancellation of this medication.

In consideration of this authorization made at my request, the undersigned agrees to indemnify, defend, and save harmless the School Board, the individual members thereof, and any officials or employees involved in the administration of medications to the above-named student from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of the above-described medications.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_