

Child's Name: _____ DOB: _____

Parent/Guardian:

The administration of medication at school is discouraged. However, if medication must be taken while at school, authorization and specific instructions must be on file at the school. All school administered medication must be sent to the school in the original container and appropriately labeled. The parent/guardian is responsible for delivering the medication to school personnel. All medications must be picked up from the school 14 calendar days from the last day of school. Any medications not picked up by this date will be disposed of or destroyed.

Parent/guardian Initials

Non-prescription medication – Parents/Guardians should complete Section A and Section C below and return this form to the school with the medication. All school administered medication must be sent to school in original containers with complete instructions.

Prescription medication – Parent/Guardian should complete Section B and Section C of this form. The prescribing physician must sign and date this form. The form must then be returned to school with the medication. All school administered medication must be sent to school in original containers and appropriately labeled containers.

Section A: Non-Prescription Medication

I request and give permission for the school to administer the listed medication to my child during school hours. I hereby release the School Board, and their agents and employees from any and all liability that may result from the administration of the medication. I understand the Medication Form must be correctly completed and medication must be brought to school in the original container with complete instructions.

 Signature of Parent/Guardian Date

 Telephone Number

 Medication (include Trade name)

Form of Medication: (Circle)

Pill/Tablet Liquid Topical Ointment

Describe Color: _____ Expiration Date: _____

Dosage/Amount to Administer: _____

Time to be given: _____

Relationship to meals: _____

Section B: Prescription Medication

I request and give permission for the school to administer the listed medication to my child during school hours. I hereby release the School Board, and their agents and employees from any and all liability that may result from the administration of the medication. I understand the Medication Form must be correctly completed including the prescribing physician's signature and medication must be brought to school in the original container and appropriately labeled by a pharmacist.

 Signature of Parent/Guardian Date

 Telephone Number

 Medication
 (include Trade name and Prescription Number)

Is this a new medication? (circle) YES NO

Form of Medication: (Circle)

Pill/Tablet Liquid Topical Ointment

Describe Color: _____ Expiration Date: _____

Dosage/Amount to Administer: _____

Time to be given: _____ Relationship to meals: _____

Instructions should side effects occur:

Contraindications for administration:

Physician's Signature: _____

Telephone Number: _____ Date: _____

Section C: Medical Release Information

I, parent/guardian, of _____

authorize my physician, _____

to release significant information regarding my child's health care to the school for the 2023-24 school year.

 Parent/Guardian Signature Date