



To be completed by Parent

Name of Student _____ School _____

Medication _____ Dosage _____

Time(s) medication is to be given: a.m. ____ p.m. ____ To be given from (date) _____ to _____

Significant Information (include side effects, toxic reactions, omission reactions): _____

Contraindications for Administration: _____

If an emergency situation occurs during the school day or if the student becomes ill, school personnel are to:

- Contact parent at home _____ or cell _____ or work _____
- Take child immediately to the emergency room at _____
- Other option _____

This medication will be furnished by the parent or guardian in the original container.

As the parent or guardian of the above-named child, I give permission for this medicine to be given during school hours. I hereby release the School and their employees from all liability that may result from my child taking the above medication.

Parent or Guardian's Signature

Telephone Number

Date

(School Use Only)

Name and title of person to administer medication _____

Reviewed by _____

School Nurse's Signature

Date