

**REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL
AND RELEASE FROM LIABILITY FORM**

This must be presented to the school when a student returns to school with medication.

I/we, the undersigned parents/guardian of the minor child, _____,
a student at _____ School, hereby request said school to allow said child to
attend school in spite of his/her special health problem and to be given medication prescribed by
_____ from
to _____ under the supervision of school personnel.

The medicine is to be furnished by me and labeled by the physician or pharmacist with said child's
name, doctor and drug store, name of drug, and the specific time it is to be given at school. I/we
assume all responsibility for any mistake in furnishing an incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his/her special problem,
we hereby release and discharge _____ School and/or any of its agents or
employees from any and all liability for any injury or damage to the health of said child arising out of
or resulting from the necessity of said child having to take medication during school hours. All
medication will be in its original container.

I/we have read, understand and agree to the school's regulations concerning giving medication at
school.

Signature _____ Date _____

Address _____

Home Telephone Number _____

Work Telephone Number _____

PHYSICIAN'S STATEMENT

This information must be provided to the school when the student returns to school with medication. This form must be filled out and signed by the physician. The completed form must be on file with the school prior to any medications being taken by a student.

Name of Student

Grade

Date

Name of Medication

Dosage

Time of Administration

Method of Administration

Date to Discontinue

Predictable Side Effects

Contraindications

Physician's Signature

Telephone Number

Address

City/State/Zip