

Date: _____

School: _____

TO THE PARENT AND DOCTOR:

Our school policy states that prescription and non-prescription medications are given by a principal, nurse, or health clerk to a student only upon the written prescription of a physician and written request of a parent.

Medication must be brought to school in the container appropriately labeled by the pharmacy or physician with the name of the student, doctor, and the name of the medication. This information is kept confidential. Thank you for your cooperation. Dosage and time to be given must be included.

Please complete this form and return to the school nurse.

TO THE DOCTOR:

Name of Student: _____ Grade: _____

Prescription: _____

Dosage: _____ Time to be Given: _____

Please note any reaction to this prescription to which the principal, nurse, or health clerk should be aware:

Date: _____ **Doctor's Signature:** _____

Address: _____

Phone: _____

PARENT/GUARDIAN MEDICATION REQUEST/CONSENT

I hereby request and grant permission for District 142 and its school personnel to dispense medication as prescribed to my daughter/son _____ according to _____ (physician's name) instructions on the above form. I further release and waive any claims against School District 142, its employees and agents arising out of the administration of said medication and agree to hold harmless and indemnify the School District, its employees and agents, either jointly or separately, from and against any and all liability, claims, demands, damages, or causes or action or injuries, cost and expenses including attorney's fees, resulting from or arising out of the administration of medication to my daughter/son by school personnel.

Signed: _____ Date: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

Revised 3/2007