



PARENT MEDICATION ADMINISTRATION REQUEST FORM WATERTOWN SCHOOL DISTRICT 14-4

Parents are requested to give medications at home whenever possible. If it becomes necessary to administer medication to students during school hours the following regulations will be observed.

1. **Prescription medication:** must be prescribed by a licensed medical professional. The medication must be provided in a labeled prescription container. The school may contact the professional as necessary.
2. **Over the counter (OTC) medication:** must be provided in a labeled container.
3. Parents or guardians must provide the information requested below and sign the form granting the school permission to administer the medication. Medication improperly packaged or labeled will not be administered.
4. I request that my child be given the medication listed. I understand that I must bring the medication to school. I understand that district personnel are rendering a service and will administer the medication in accordance with instructions provided. I release the School District from any and all liability arising from the administration or failure to administer said medication. The district assumes no further responsibility.

Student Name: _____ **Date:** _____

Name of Medication: _____

Dose: _____ **Time(s):** _____

Student is being treated for: _____

Length of time to be administered: _____

Signature _____ **Phone#** _____

Office Use Only

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