

Eureka Springs School District

Medication Form

NOTE: A separate form must be completed for each medication administered.

Student's Name _____ Date of Birth _____ Date _____

Name of Medication _____ Dosage _____

Time to be taken _____ Ordering Physician _____

Reason for Medication _____

In case of an Emergency, call _____

Home _____ Cell _____ Work _____

Physician/Hospital to be called _____ Phone _____

I certify that *at least one* of dose of the medication *has previously been given* and **NO** adverse reactions were experienced. Therefore, I give permission for the school nurse (or designee) to administer the above medication to my child. I agree to pay for ambulance service, if used, to transport my child from school to the doctor or hospital should he/she have a reaction to the medication.

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

The school nurse (or designee) has my permission to take a photograph of my student for identity purposes.

Parent or Guardian

Date _____

Note: Medication MUST BE in current original container from the pharmacy. The medication will only be administered according to the physician's directions on the container.

[illegible]

NAME: _____

MEDICATION: _____

TEACHER: _____

DOSAGE: _____ TIME _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															

- CODES**
- A—Absent from school
 - D—Medication discontinued
 - NS—No show
 - R—Refused
 - FT—Field trip

Initials

Full Signature
