

Permission for Administering
Prescription & Non-Prescription Medication to a Student

Name of student _____ Grade _____

Medication _____

Purpose of medication _____

Dosage _____

Time(s) of day medication is to be given _____

Number of days it needs to be given _____

Possible side effects _____

Date

Signature of Physician
(For Prescription Medication)

I, _____, give my permission for the school to administer the above-described medication to my child in accordance with the above-described instructions and information signed by my child's physician. I hereby release and hold harmless Prairie School District RE-11J and all School District employees from any and all claims and liability which may arise from administering the medication in accordance with the above described instructions and information.

I understand that prescription medications must be brought to school in the original bottle or package labeled by the pharmacy and designating the student to whom it is to be administered. I also understand that non-prescription medications must be brought to school in the original bottle or package labeled by the pharmacy and designating the student to whom it is to be administered. I also understand that non-prescription medications must be brought to school in the original bottle or package labeled by the pharmaceutical company.

Date

Signature of Parent or Guardian
(For Prescription & Non-Prescription Medications)