

UDALL USD 463

Permission for Medication

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Date to Start \_\_\_\_\_

Time of day to be given and frequency \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

I hereby give my permission for \_\_\_\_\_ to take the above medication at school as ordered. I understand that it is my responsibility to provide this medication. I further understand that any school employee who administers any drug or nonprescription medication pursuant to parental written request to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.

***\*\*The medication is to be brought to school in the original container appropriately labeled by the pharmacy or physician stating the name of the medication, dosage and times to be administered.\*\****

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date