



Permission Form: Non-Prescription Medication

Student Name: _____ DOB: _____ Grade: _____

To be completed by the parent or guardian:

Reason for medication: _____

Name of medication: _____

Dosage/Amount/Route: _____

Medication must be in the original container

Parent/Guardian Name & Address: _____

Phone Number: _____

Date: _____ Parent/Guardian Signature: _____

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Washington Community High School and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (**or to allow my child to self-administer, while under the supervision of the employees and agent of the School District**), lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE OR HEALTH AIDE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. The health center staff and/or the school administration may, at their discretion, reject requests for administration of medication. It is understood the school district provides this service in the interest of the well being of students and as an accommodation to parents. In addition, I agree to hold harmless and indemnify that School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

To be completed by parent/guardian

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy as noted above.

Date: _____ Signature: _____ Relationship: _____