

**APPENDIX A: MEDICATIONS GIVEN AT SCHOOL**

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

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Prescribed by \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Time to be given \_\_\_\_\_

Duration of Orders \_\_\_\_\_

Should medication be given on half days of school?  Yes  No

**PERMISSION FOR MEDICATION**

I hereby give my permission for my child to take the above medication at school as ordered. I understand that it is my responsibility to furnish 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 my student because of administering such medication.

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date

**NOTE:** *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, the dosage and times to be administered.*

*Over-the-counter medications must be in their original package, with dosage instructions.*

**A SEPARATE FORM MUST BE COMPLETED FOR EACH MEDICATION.**