

**USD 378**  
**PERMISSION FOR ADMINISTRATION OF**  
**PRESCRIPTION MEDICATION**  
**AT SCHOOL**

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Date to Start: \_\_\_\_\_ Date to Stop: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

+++++

I hereby give permission for my student: \_\_\_\_\_ to be given the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I also understand that this medication will only be given on the days specified above, and the medication will be sent home at the time specified to stop. If no dates are given, the medication will be sent home at the end of the "start day". 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 any damages as a result of an adverse medication reaction suffered by my student because of administering such medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The medication is to be brought to school in the original container and must be appropriately labeled by the pharmacy or physician, stating the student's name, the name of the medication, the dosage and time to be given.**

**If no start or stop dates are indicated, medication will be sent home at the end of the first day.**