



Guy Perkins School District

492 Hwy 25 N. Guy, AR 72058

Phone: (501)679-3507 Fax: (501)679-3508

MEDICATION RELEASE FORM

NO MEDICATION will be given until the GUY PERKINS SCHOOL DISTRICT MEDICATION RELEASE FORM is filled out and SIGNED BY BOTH THE PARENT/GUARDIAN and ORDERING DOCTOR. Students are not permitted to have medication in their possession on school property or on the bus. For the student to carry an INHALER or AUTO INJECTABLE EPINEPHRINE, parents will need appropriate forms SIGNED BY THE DOCTOR; and submitted to the school.

I _____ (parent/guardian name) request the school nurse administer medication(s) to my child during the school day. I authorize the school nurse to delegate authority to another person if so desired. This medication is in the original container it was purchased. I certify at least one dose of the medication has been administered and NO ADVERSE REACTIONS were experienced. **I WILL NOT** hold the school responsible for any reaction that may occur from the medication. **I AGREE TO PAY** for EMT service if necessary to transport my child from the school to the doctor or hospital should he/she have a reaction to the medication.

STUDENTS NAME: _____ GRADE _____

PARENTS SIGNATURE: _____
(Agreeing to all information stated above)

In Case of an EMERGENCY call: _____ Phone: _____

STUDENT'S ALLERGIES: _____

DIAGNOSIS (reason for medication): _____

MEDICATIONS TO BE GIVEN

Medication #1: _____ Dose: _____ Time given: _____

Medication #2: _____ Dose: _____ Time given: _____

Medication #3: _____ Dose: _____ Time given: _____

Medication #4: _____ Dose: _____ Time given: _____

Medication #5: _____ Dose: _____ Time given: _____

DOCTOR'S SIGNATURE

Ordering Doctor's Name Print: _____ Date _____

Ordering Doctor's Signature: _____

Clinic Name: _____ Phone: _____