

# CUTTER MORNING STAR SCHOOL DISTRICT HEALTH SERVICES

**Note: A separate form must be completed for each medication administered.**  
**MEDICATION IS TO BE BROUGHT TO THE SCHOOL BY AN ADULT.**  
**CHILDREN ARE NOT TO BRING THEIR OWN MEDICATION.**

**Medication must be in the current original container from the pharmacy. Medication will only be administered according to the Doctor's directions on the container.**

## MEDICATION AUTHORIZATION AND RELEASE

**Student name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Teacher:** \_\_\_\_\_

Hospital to be called: \_\_\_\_\_ phone: \_\_\_\_\_

Doctor to be called: \_\_\_\_\_ phone: \_\_\_\_\_

**Name of Medication** \_\_\_\_\_ **Dosage to be taken** \_\_\_\_\_ **Time to be Taken** \_\_\_\_\_

Reason(s) for Medication \_\_\_\_\_

Parent(s) Phone Numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of emergency call: \_\_\_\_\_ phone(s): \_\_\_\_\_

I certify that at least one dose of the medication has been previously given and NO adverse reactions were experienced. Therefore, I give permission for the school nurse, school principal, or person designated by the principal to administer the above medication to my child.

**In consideration of the above action by the school employee, I hereby waive, release and relinquish any claim which I might have individually or on behalf of my child against the above named school employees arising out of the administration of the medication or the supervision thereof. The school has permission to contact the prescribing physician for information relating to this medication. The school nurse (or designee) has my permission to take a photo of my child and place it on his/her medication envelope for identity purposes.**

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

DATE	MEDICATION	STRENGTH	# OF PILLS	SIGNATURE	SIGNATURE

**NOTE:** Medication brought to the school must be in the original container. Medication brought in any other wrapper or container will not be administered. Parents of elementary school students are responsible for bringing medication safely to and from school. Medication will not be sent home with the student. Parents must plan to pick it up.