

**PARENTAL REQUEST FOR DISPENSING
DRUGS OR MEDICATION BY SCHOOL PERSONNEL**

The undersigned, parent(s) or legal guardian(s) of _____, a student at the MSAD #37 school district in Harrington, Maine, hereby request(s) and authorize(s) the administration of a drug, medication or substance known as _____ to said child in accordance with the instructions given by the family physician.

School policy states children are not allowed to bring meds to school. As parent or legal guardian, I understand that I must transport all medications to school.

Reason for Medication: _____

Dosage: _____

Possible Side Effects: _____

Time to be administered: _____

Duration of Meds: _____

Other: _____

In the event of possible side effects, school officials should take the following action:

School personnel (principal/school nurse/designated person) will be notified immediately of any changes in the child's condition or changes in schedule of medication.

Date

Signature of parent(s) or legal guardian(s)