MEDICATION RELEASE FORM
PARENT REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Medication may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication is to be brought to the school by the parent or student for whom the medication is prescribed.

Prescribed medication/treatment may be administered by a school nurse or by other designated person. The medication should be brought to the school in the **original container appropriately labeled by the pharmacy**. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school. Any non-prescription medications such as aspirin or Tylenol, must be in their original containers.

NOTE: Prescribed asthma inhaler may be kept by the student and self-administered if the physician indicates this need in writing and considers the student sufficiently responsible. In addition, the physician should list any precautions to be followed on this form (the school nurse will inform the principal and appropriate others).

DATE FORM RECEIVED BY THE SCHOOL _____

1. Name of Pupil _____ Grade _____
2. Allergies _____
3. **Name of Medication** _____ **Dosage** _____
4. Reason for Medication _____
5. Form of medication/treatment:
   ___ Tablet/Capsule ___ Liquid ___ Inhaler ___ Injection ___ Nebulizer ___ Other
   Instructions (Time and dose to be given at school): _____
   _____
6. Time medication is given at home _____
7. Restrictions and/or important side effects: _____ None anticipated
   _____ Yes, please describe: _____
8. Special storage requirements: ___ None ___ Refrigerate ___ Locked Storage
9. Special administration procedures: _____ Crush pill _____ With food _____ None
10. Start medication: _____ date
11. Stop medication: _____ date
12. Prescribing Doctor _____

PARENT/GUARDIAN

I, the undersigned, the parent/guardian of _____ request that the above medication or procedure be administered to my child. I absolve school personnel and the school district from liability stemming from adverse reactions and all other adverse effects which may occur because of the administering of such prescribed medication.

_____   _____   _____
Parent Signature   Phone Number   Date