

Permission for Administration of Medication

In order for children to received medication while at school, the following form must be completely filled out and returned to the school prior to its administration. I request the following student be given medication during the school day:

Name of Student	
Date of Birth	
Grade	
Condition Being Treated	
Name of Medication	
Dosage to be administered	
Time to be given at school	
Inclusive dates for medication to be given	
Side effect of drug to be expected, if any	
Action required if side effects occur	
Health Care Provider	
Signature of Provider	
Phone	
Date	

I request that a designated staff member give my child, _____, the medication prescribed above by Dr. _____. I will deliver the prescribed medication to the school in the original pharmacy container with the label intact. If I want to discontinue this medication prior to the date indicated by the physician, I will make that request in writing. I agree to hold Columbus School District harmless from any liabilities it may incur in connection with this requested medication as school when the medication is administered in accord with this physician's written direction.

Signature of Parent

Date

This request will expire at the end of the current school year.