Marion Cross School

22 Church Street, Norwich, VT 05055
Phone: 8002-649-1703
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Shawn Gonyaw, *Principal*
Greg Bagnato, *Coordinator of Student Services*

PARENTAL REQUEST FOR GIVING PRESCRIBED MEDICATION AT SCHOOL

I request the School Nurse or staff member assist my child, _____, in taking
(student's printed name)

their prescribed medication, _____.
(prescription name)

Prescription Number _____ Druggist _____

Prescribed by Dr. _____

For the period from _____ to _____
(Date) (Date)

The medication will be delivered directly to the School Nurse, Principal or designated staff member by the parent or guardian, if possible.

The medication will be delivered in a container properly labeled with the student's name, the physician's name, the date of original prescription, name and strength of medication and directions for taking by the student.

I, agree that by signing this request and "Hold Harmless" statement that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medicine.

Printed Name (Parent/Legal Guardian) _____

Signature _____ Date _____

School _____

Please Note:

- No medication will be given at school until the school receives this completed form with the prescribed medication.
- All medicine brought into the school must be kept in the health office during school hours.
- Not more than one month of prescribed medicine may be stored in school.

See Norwich School Board policy JLCD