

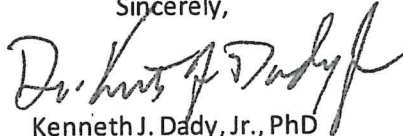
MIFFLINBURG AREA SCHOOL DISTRICT  
Consent for Medications at School

Dear Parent / Guardian:

This letter is to inform you of the procedure to request medication be administered to a student by a licensed nurse/*or school personnel*.

1. Only emergency medication or maintenance medication (example – antibiotics) will be given.
2. Only medication prescribed by a physician will be given. All medications must be accompanied by a doctor's order.
3. Parent or guardian must present with the medicine a signed, dated request valid only on a specific case basis or need for the time period indicated on request.
4. Parent or guardian must sign school's official form of consent/release, which may be secured from the school.
5. All medication must be in the original container and properly labeled with the student's name, medication and dosage.

Sincerely,

  
Kenneth J. Dady, Jr., PhD  
Superintendent of Schools

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CONSENT FORM: to administer medication and to release from liability

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

As it is necessary that this medication be taken during school hours, I request that it be given as follows:

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_

Expected duration of the medical regime: \_\_\_\_\_ (dates)

Time(s) medication is to be given: \_\_\_\_\_

I understand that neither any individual nor the Mifflinburg Area School District assumes responsibility for the schedule of administering medication. In the event the child suffers a reaction to the medication or fails to receive the medication, I hereby release the Mifflinburg Area School District and personnel from any responsibility as a result of such reaction or failure.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date