File: JLCD-E

Permission for Medication

Name of student _____

School _____ Grade _____

Medication _____ Dosage _____

Purpose of medication _____

_____

Time of day medication is to be given _____

Possible side effects _____

_____

Anticipated number of days it needs to be given at school _____

Date _____ _____

Signature of health care practitioner

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the North Conejos School District RE-1J the undersigned parent or guardian hereby agrees to release the North Conejos School District RE-J and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for _____to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication.

_____
Parent/guardian printed name

_____
Parent/guardian signature

_____
Date

Issued: November 2010
Revised: August 21, 2001
Revised: November 16, 2021
Revised: April 16 2024