

Pocatello/Chubbuck School District No. 25
Medication Request and Release
(One Release per Medication)



Student Name: _____ Grade: _____

School: _____

Parent/Legal Guardian Name: _____

Phone No: _____ Email: _____

Physician's Name: _____ Phone No: _____

Address: _____

Physician's Statement/Special Instructions: _____

Name of Medication: _____ Dosage: _____

Time/Frequency to be Administered at School: _____

Date School Should Terminate Medication Administration: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Authorization

I, the above named parent/legal guardian of the above named student, request that district personnel assist in giving medication to my child at school per the physician's instructions detailed above. In making this request I understand and agree to the following:

- Unless otherwise agreed in writing, the school personnel who will assist my child in taking his/her medication are not nurses and have no medical or other health care training;
- After assisting my child in taking his/her medication, school personnel will be involved in other responsibilities and will not be able to monitor my child for adverse reactions to the medication;
- School personnel will store my child's medication in a safe location, but are not responsible for replacing the medication;
- School personnel are authorized to destroy said medication only when directed in writing, or upon the date to terminate assisting with medication administration designated above, whichever comes first.

I hereby release the School District and its employees, volunteers and agents (collectively "district") and agree to hold the district harmless from any and all claims and causes of action, whether known or unknown, foreseen or unforeseen, which may arise out of any alleged acts or omissions on the part of the district regarding assisting my child in taking his/her medication(s).

By signing this form I verify I have read and agree to the provisions stated in Policy and Procedure 8308 – Student Injuries, Illnesses and Medication.

Parent/Guardian Signature Date