

Form # 1

PIPER USD 203

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Name of Student _____

School _____ Grade _____

Medication _____ Dosage _____

Date medication started _____ Duration _____

Time of day to be given _____

Date _____

Physician's Signature

Anticipated side effects _____

I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers this drug to my child in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction from the medication.

Date _____

Signature of Parent or Guardian

Note: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage, and times to be administered.

Written authorization to administer prescription drugs will expire automatically at the end of each school year. A new authorization will be required annually.