

Medication Request and Release

Mackay School District #182

Student: _____ Date: _____ Phone: _____

Parent/Guardian _____ Phone: _____

PHYSICIAN STATEMENT

Name of Medication: _____ Dosage to be Given: _____

Time/Frequency to be Given at School: _____

Possible Side Effects/Special Instructions: _____

Date School Should Terminate Medicating: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone: _____

PARENT REQUEST/RELEASE

I am the custodial parent/guardian of the above-named student and, as such, I hereby request that a Mackay School District employee administer medication to my child at school as per the physician's instructions recited above. In making this request, I understand and agree to the following:

1. Unless the School otherwise agrees in writing, the School employee who will administer the medication to our child is not a nurse and has no medical or other health care training.
2. After giving medication to our child, said employee will be involved in other responsibilities and may not be able to monitor our child for adverse reactions to the medication.
3. The school will store the medication so that it will not be easily accessible by the students, but the School is not responsible for replacing the medication should it become lost or stolen.
4. The School authorized to destroy said medication when I direct the School in writing to terminate the medication program or upon the expiration date stated above by the physician, whichever is first.
5. The School is authorized to destroy said medication at the end of the school year if a parent/guardian has not claimed any unused amount within the allotted five (5) day period.

I hereby release the School District and its employees, volunteers, and agents (collectively "School") and agree to hold the School 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 School regarding the medication program for my child.

I have read the Mackay School District Policy number 732.

Parent/Guardian's Name (Please Print)

Signature

Date