



Student Name:	DOB:	School:
Parent/Guardian 1:	Phone:	
Parent/Guardian 2:	Phone:	
Provider:	Phone:	Fax:
Clinic:	Preferred Hospital:	

To be completed by Medical Provider

Medical Condition:	
Medication/Formula:	
Strength:	
Dose:	
Frequency:	
Rate:	
Equipment/tube size:	
Route of administration:	
Possible side effects:	
Allergies:	
Other considerations/directions:	
To what degree can the student participate in this procedure: <input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Unable to Assist	
Start date:	End date:

Parent/Guardian Release/Request for Administration of Medication

<ol style="list-style-type: none"> 1. I request that the above medication/treatment be administered to my student as prescribed by the healthcare provider. I release school personnel from liability in the event adverse reactions result from taking the medication(s). 2. I understand I must provide medication in the original bottle, properly labeled by the pharmacy with the student's name, date, dosage, time and directions for administration. 3. I give permission for the medication(s) to be given by school personnel as delegated by the licensed school nurse. 4. I understand and authorize my child's healthcare provider to release or share my child's protected health information regarding this medication and/or medical condition. 5. If my student has any remaining medication(s) during or at the end of the school year, I authorize Health Services personnel to send it home with my student. I will notify the Health Office if I prefer to pick it up. All controlled substances will need to be picked up. If medication is left over and not picked up within 2 weeks after expiration or conclusion of the school year, it will be disposed of. 6. I will immediately notify Health Services of any change in the medication(s) i.e dose change, medication, discontinued, etc. 7. I understand it is my responsibility to notify the transportation company directly of any specific directions for my student's care while riding transportation before or after school.

Provider Signature: _____ Date: _____
 Parent Signature: _____ Date: _____