

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 Monte Vista School District, the undersigned parent or guardian hereby agrees to release the Monte Vista School District 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 prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Date _____

Signature of parent or guardian

*NOTE 1: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy or **health care practitioner** stating the name of the medication and the dosage.*

NOTE 2: Those personnel administering medications must be trained in observing for side effects and in the appropriate steps to take should side effects occur. While the school is not responsible for the occurrence of side effects, the school is responsible for observing for side effects.

Form Approved by Board of Education: 10/14/10