



Dispensing Medication at School

Student Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Male Female Grade _____ Phone _____

It is recognized that some students must take medication during school hours. Parents are encouraged to administer medication before and after school whenever possible. If this is not possible, school personnel will provide necessary assistance; however, St. Mark's Evangelical Lutheran Board of Christian Education policy requires consent of a parent before medication can be given to a child by school personnel. The following information is necessary in order to comply with this policy. Return this form to the child's principal.

To Be Completed By The Child's Physician:

I have prescribed during the school day:

Name of Medication (as it appears on container in which the drug is stored): _____

Dosage: _____

Duration of Dosage: _____

How administered: _____

Date to begin administering medication: _____

Date to terminate administering medication: _____

Possible adverse reactions to be reported to physician: _____

List any special conditions for storage of drug: _____

Name of Physician: _____

Primary Phone: _____ Physician's Emergency Phone: _____

Physician's Signature: _____ Date: _____

The medicine must be in pill, capsule, or spoon form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name, and the prescription number.

To Be Completed By The Parent:

Pharmacy: _____ Phone: _____

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

This permission is no longer valid at the end of the current school year.

I give my permission for the principal or his/her designee to administer the prescribed medication.

Signature of Parent: _____ Date: _____

