

U.S.D. #257
REQUEST FOR MEDICATION
ADMINISTERED DURING SCHOOL HOURS

NAME OF STUDENT _____

SCHOOL _____ TEACHER _____ GRADE _____

DRUG ALLERGIES _____

MEDICATION & DOSAGE _____

TIME OF DAY MEDICATION IS TO BE GIVEN AT SCHOOL _____

REASON FOR RX _____

ANTICIPATED NUMBER OF DAYS TO BE ADMINISTERED AT SCHOOL _____

PHYSICIAN SIGNATURE

DATE

***INHALER RELEASE:** The above student has been instructed in the proper usage of his/her inhaler. We, the undersigned, request that he/she be permitted to carry the inhaler on his/her person or keep it in a locker, purse or backpack, as we consider him/her responsible. We absolve the school district of any responsibility in safeguarding the student's inhaler. YES _____ NO _____*

PHYSICIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

I hereby give my permission for _____ to take the above prescription medication at school as ordered. I understand that it is my responsibility to furnish this medication and that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student. I hereby certify that my child has previously received at least one dose of the above prescription and did not have an adverse reaction from it. I authorize disclosure of information regarding this medication between U.S.D. 257 and the prescribing physician.

PARENT/GUARDIAN SIGNATURE

DAYTIME PHONE

DATE

NOTE: The medication must be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage and instructions for administration. It is strongly advised that students carrying inhalers leave an extra inhaler in the office for use in the event of a forgotten or misplaced inhaler.