

SKYLINE SCHOOLS U.S.D. 438

Request for **Medication** to be **Self-Administered**

During School Attendance/School Year of \_\_\_\_\_

Student \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Name of Medication** \_\_\_\_\_ **Purpose** \_\_\_\_\_

**Prescribed Dosage** \_\_\_\_\_ **Date Medication Started** \_\_\_\_\_

**Frequency med may be taken** \_\_\_\_\_

**Time med is to be taken** \_\_\_\_\_

**Conditions under which med is to be taken** \_\_\_\_\_

Expected duration of treatment \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Address \_\_\_\_\_

I hereby give my permission for my student to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug or non-prescription medication with written instructions from the physician or dentist shall not be held liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication. I also state that this child has been instructed on the self-administration of this medication, will store it in an appropriate manner, agrees never to share a medication and is authorized to self-administer at school.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent's Phone \_\_\_\_\_ Address \_\_\_\_\_

Note: Any Prescription Medication sent to school to be self-administered **MUST** be accompanied by a **signed** parental consent form and a **signed** doctor's written order stating the student's name, dosage, how, and when the medicine is to be taken. It must be in the **original container** with the **pharmacist's label** stating the patient's and doctor's names, the dosage, instructions, and current expiration date. Medication not in the original container without this label cannot be taken. Revised on 08/09/2013