

MEDICATION AT SCHOOL

PARENT REQUEST

We the undersigned, who are parents/guardians of _____ request that school nurse or designated school personnel assist the pupil in the matter set forth by the physician's statement.

We understand that the school is not legally obligated to administer medication to any child and, therefore, agree to hold the school district and its employees harmless from any and all liability for the results of such medication or the manner in which it is administered, and to indemnify the school district and its employees for any liability arising from these arrangements.

We will notify the school immediately if we change physicians, or if the medication is changed. This request must be renewed each year.

Student's Name	Birthdate	School	Grade/Room #
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Parent/Guardian Signature	Date
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Physician's Orders

1. Medication including dosage, method of administering and time limit _____

2. If an inhaler for asthma is being prescribed for grade 5 and above:

a. Is the student to carry his/her inhaler on campus? _____ Yes _____ No

b. Have you taught this student how to use his/her inhaler, to include proper technique and equipment (if necessary) and when the student is to use the inhaler? _____ Yes _____ No

Students in grades 5-8 must have a second inhaler to be kept in the nurse's office.

3. Condition/diagnosis for which the medication is to be given i.e. allergies, asthma, specific type of reaction: localized, generalized, mild, severe, etc.) _____

4. Physician's Signature	Phone Number	Date
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TW/mz:7/23/02