ADMINISTERING MEDICINES TO STUDENTS (Drug Release Form)

Parents request for giving MEDICINE at SCHOOL (all blanks must be completed an the form signed by parent/guardian)

I request the nurse or other authorized personnel administer to r	my child
medication prescribed by Dr.	from (date)
to (date)	
Name of Medication	Dosage
Time to be gven	
Anticipated reaction to the listed medication, if any	
OR	
I authorize my child to self-administer his/her medication as he/s to:	she has shown the competency to do so. I hereby agree
(1)Submit this request to the principal or school nurse.	
container in which it is dispense or is in the manufacturer's cont	he student's possession but only with prior written principal. is dispensed is marked with the medication name,
The medicine is to be furnished by me and is to be labeled with be given; time of day to be taken; and the expected duration of	
Date Signature of Parent/Gu	ardian
Child's Diagnosis	
A special but not uncommon problem concerning the care of ill p school. Rarely is it necessary for any medicine to be given to a parent may take the to the school office a maximum of 30 days labeled, one day supply may be sent to the office with the child.	child by a school employee during the school day. The
*This form will become a part of the student's cumulative file	
See Board Policy 504.120	
FORM 504.120-1F (Rev.)	