

JENNINGS COUNTY SCHOOL CORPORATION
REQUEST TO ADMINISTER MEDICATION

NOTICE TO PARENTS/GUARDIANS:

Whenever medication is to be taken at school, this form must be completed and signed. The form must be completed and signed for any prescription or non-prescription medication.

Prescription medicine must come in the original container from the pharmacy. This shows the child's name, physician's name, RX (prescription number), name of medication and dosage.

Non-prescription medicine must come to school in the original container. Thank you

Name of Student _____

Grade _____ Physician _____

Name of Medication (s) _____

Dosage _____ Rx. No. _____

Time _____

_____ Student may carry med home.

_____ Student may NOT carry med home.

_____ I give permission to exchange information with my child's physician for the purpose of referral, diagnosis, and treatment.

I hereby request that _____ (student's name) take the above medication at school and that the school nurse or her designee administer the medication. I understand that it is my responsibility to furnish this medication and proper instruction for administering the same. I further understand that any school employee who administers this medication to my child shall not be liable for damages as a result of the request, and I shall indemnify and save harmless school employees against any claims for such damage.

Signature of Parent/Guardian _____

Date _____