

### Permission for Medication

Name of Student: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of medication \_\_\_\_\_

\_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

\_\_\_\_\_

Anticipated number of days it needs to be given at school \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Practitioner

\_\_\_\_\_  
Date

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the Mancos School District Re-6, the undersigned parent or guardian hereby agrees to release the Mancos School District Re-6 and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for \_\_\_\_\_  
(name of student) to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

*NOTE 1: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy or physician stating the name of the medication and the dosage.*

*NOTE 2: Those personnel administering medications must be trained in observing for side effects and in the appropriate steps to take should side effects occur. While the school is not responsible for the occurrence of side effects, the school is responsible for observing for side effects.*

