

USD 374 Permission Form

Policy:

Unified School District #374 requires that all students who need **prescription medication** during school hours do the following: (Complete all sections below)

1. Present a written, signed physician's order for the medication or treatment needed.
2. Present a written consent form signed by the parent or legal guardian.
3. Bring the medication in the original prescription bottle, properly labeled with the student's name and correct dosage by a registered pharmacist as prescribed by law.

For **over-the-counter medication**: (Complete sections 1, 2, and 4)

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original bottle.

SECTION #1

Student's Name: _____ School: _____

Date of Birth: _____

SECTION #2

Medication and dosage ordered: _____

Times and dosages to be given at school: _____

Length of time medication administration is to continue under this order: _____

SECTION #3

Name of Medical Provider (printed): _____ Phone#: _____

Signature of Medical Provider: _____ Date: _____

Fax number: _____

SECTION #4

TO BE COMPLETED BY PARENT OR GUARDIAN:

I, _____, give permission for my child to receive the medication listed above as directed at school. I also give permission for the school nurse, or his/her delegated representative, and the student's healthcare provider(s) to share information if questions or concerns arise regarding the student's medication. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the licensed health care provider shall not be liable for damages as a result of an adverse reaction suffered by the student because of administering such drug. I acknowledge that the school, and its employees, incurs no liability for an injury resulting from the self-administration of medication.

Signature of Parent or Guardian

Date

Emergency Phone