

CONSENT FOR MEDICATION ADMINISTRATION FORM

1. I am the parent/guardian of _____ and I authorize my child/ward _____, grade _____, to be administered the prescription/nonprescription medication identified below while on school property or at a school-related event or activity by the school nurse or employee trained in the administration of prescription medication.
2. I hereby release the District and its employees and agents from liability for injury arising from the school's administration of the medication while on school property or at a school-related event.
3. I understand that if the student identified herein uses the medication in a manner other than prescribed, the student may be subject to disciplinary action by the school, however, any disciplinary action may not limit or restrict the student's immediate access to the medication.
4. I authorize the school to inform appropriate school employees who would have a need to know of the administration of medication (i.e., such as school nurse, instructors, teacher aides, school administrators, activity supervisors, bus drivers).
5. I acknowledge and agree that the school shall secure (store) the medication for the student until administration of the medication is necessary, and that in no circumstances shall the medication be stored in the student's locker.

Medication: _____

Dose: _____

Time: _____

Authorization Start Date: _____

Authorization End Date: _____

Signature of Parent/Guardian

Date