

## Madison County School System School Health Services

Request for the Administration of Medication (05-2011)

If this form is properly completed and returned to the school office or clinic, the Madison County School System may assist parents when their child's physician has prescribed medication for the child. The medication will only be given if it is delivered to the school office or clinic by a parent/guardian in the original bottle marked with the student's name, dosage, time of administration, physician, pharmacy, and date of purchase.

Name of Student:	Date of Birth:		
School:	Teacher:	Grade:	

## **Statement of Parental Permission**

Medication:	Date of Prescription:
Prescribing Physician:	Physician Phone Number:
Allergies:	
Dosage and Time of Administration:	
Discontinue Medication On:	
Illness Requiring Medication:	
Other Medication the Student is Taking:	

As a parent/guardian of the above named student, I do hereby request the school system to give a medication to the above named student. I understand that the school system is not legally obligated to administer medication to the student. School personnel will administer the medication. I agree not to institute suit against the school system for administration or non-administration of the medication, to defend and hold the school system harmless from any liability resulting from the administration or non-administration of the medication, and to defend and indemnify the school system and its employees from any liability arising out of this agreement. I will notify the school office/clinic immediately if the medication is changed.

Parent/Guardian Signature:		Date:	
Home Phone Number:	Alternate Phone Number:		
Reviewed by School Nurse:	Approved	Denied	
School Nurse Signature:		Date:	

Medication should be delivered to the school by an adult, counted and signed in. Please be aware of this clinic rule and adjust your schedule to accommodate for this brief amount of time to keep all our students safe.