

LEXINGTON LOCAL SCHOOL DISTRICT

REQUEST TO PERMIT ADMINISTRATION OF MEDICATION AT SCHOOL

Before a student shall be permitted the use of medication, whether that medication is prescription or nonprescription, this form must be completed in its entirety and placed on file in the school office.

A separate form must be completed for each new medication.

Medication must be stored and distributed according to established building procedures and all medication must be sent to school in its original package.

Section I (To be completed and signed by the prescriber)

Student Name: _____ School: _____

Address: _____ Grade: _____

Medication: _____ Times to be administered: _____

Dosage to be given per administration: _____

Specific instructions for administering said medication: _____

Possible side effects to watch for and actions to be taken, if any: _____

Date to begin medication: _____ Date to end medication: _____

I hereby certify that the above named student is under my care and request that the medication listed be administered in the manner and time frame described.

(Prescriber Name) (Prescriber Signature) Date Phone

Section II (To be completed by parent or guardian)

Phone number at which parent or guardian can be reached in case of emergency: _____

Person(s) to be contacted in case of emergency when parent or guardian cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

I request that school personnel honor the instructions of my child's prescriber, in that my child is permitted to receive the medication listed above in the manner and time frame as explained on this form.

I acknowledge by signing this form that school district personnel are under no obligation to render assistance in administering medication and release all school employees and the Board of Education from liability for damages or injury resulting from either performing or not performing the assistance requested.

I also understand that it is my responsibility to provide all necessary medication and supplies, and that any changes in instructions must be received in writing from the prescriber.

(Parent or Guardian Printed or Typed Name)

(Date)

(Parent or Guardian Signature)