

ASHLAND CITY SCHOOLS

PARENT'S REQUEST

FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or his delegate (school nurse or other responsible person) to administer the following medication(s) to my child.

Furthermore, I/We understand that it is my/our responsibility: (1) to deliver the medication to the school; (2) that prescribed medicines shall be stored in the original, labeled container; (3) to notify the school in writing of any changes in medication.

Name of child \_\_\_\_\_

Name of drug \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

at the following time(s) \_\_\_\_\_

Name of drug \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

at the following time(s) \_\_\_\_\_

Name of drug \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

at the following time(s) \_\_\_\_\_

No employee who is authorized by the Board of Education to administer a prescribed drug and who has a copy of the most recent physician's statement will be liable to civil damage arising from the administering or failure to administer the drug, unless the employee acted in a manner that would constitute negligence or misconduct.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_