

DO NOT RETURN THIS FORM TO SCHOOL UNLESS A PRESCRIPTION HAS BEEN GRANTED TO THE STUDENT AND THE SECTIONS BELOW COMPLETED AS INDICATED.

Parent/Guardian and Physician Approval for Administering Medication to Students

1. Student Name: _____ Home School: _____
 Student Address: _____ Program: _____
 2. Name of Drug: _____ Dosage: _____
 3. Time(s): _____ Interval(s): _____ each dosage is to be administered.
 4. Date for administering drug to begin: ____ / ____ / ____
 Date for administering drug to end: ____ / ____ / ____
 5. Are there any severe adverse reactions that should be reported to the physician? _____
 If yes, please explain _____
 6. List one or more phone numbers that would allow the school to contact the physician who prescribed the medication.
 Phone: _____ Physician's Name: _____
 Phone: _____ Physician's Name: _____
 7. Are there special instructions for administering the drug, including sterile conditions and storage? _____
 If yes, please explain _____
- _____
 Physician's Signature _____
 Date

Upon arrival at school, any student taking prescription medication **must** turn in any and all such medication to the attendance office along with written parent/guardian permission note and as appropriate, physician approval.

Parent/Guardian Approval: I authorize the Mid-East Career and Technology Centers to administer the above medication to my son/daughter as indicated. If any of the information provided by the person licensed to prescribe the medication as described above changes, I agree to submit a revised statement signed by the physician who prescribed the prescription, to the school employee designated to administer medication.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Prior to administering medication at school, the attendance office secretary **must** have the prescribed medication in the container in which it was dispensed, along with this completed form signed by both the parent/guardian and the prescribing physician.

 Parent/Guardian's Signature

 Date

 Home Telephone

 Work Telephone

 Parent/Guardian Mobile Number/E-mail Address