Northmont City Schools

Administration of Prescription Medication at School

The following information is necessary for any student to use prescribed medications or to receive treatment in school. All spaces must be completed.

_____ _____

Name of Student Address

_____ _____ _____

School Building Date of Birth Grade/Team

A. I am requesting permission for my child named above to use or receive prescribed medication
B. I will assume responsibility for safe delivery of the medication to school. (The medication must be received by the school in the container in which it was dispensed by the prescriber or a licensed pharmacist AND the label MUST match the order)
C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment. (You must submit a revised form, signed by the prescriber, if any of the information contained in the statement changes.)
D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable for damages or injury resulting directly or indirectly from this authorization.

_____ _____

Signature of Parent/Guardian Date

Daytime phone _____ Cell phone _____

The School District requires that all of the following information be provided before it will administer medication or treatment to the student.

I am a licensed health care professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student.

*Name of medication_____

*Dosage of medication_____

*Time or intervals to administer medication (specifically during school)_____

*Any special instructions for administration of the medication_____

*Report the following side effects/adverse reactions to my office immediately_____

_____

*Date the administration of the medication is to begin_____
*Date the administration of the medication is to cease_____

_____ _____ _____

Prescriber's signature Telephone Date

Printed/Typed Name_____

Disclaimer: The School District has the right to determine if a medication is appropriate for use in the school environment. This form is valid for one (1) school year.