

MEDICATION ADMINISTRATION RELEASE FORM

I request that you give the following medication to my child during the school day specified below in accordance with the Board policy.

I will not hold the school staff responsible for any undesired reaction which may occur from the medication.

I agree to pay for ambulance service if it is necessary to transport my child from the school to the doctor or hospital should he/she have a reaction to the medication.

**I understand that this consent form must be signed before medication will be given out in school. Handwritten notes are not acceptable.**

Students Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Name of Medicine \_\_\_\_\_

Dosage \_\_\_\_\_

Date \_\_\_\_\_

For treatment of \_\_\_\_\_

In case of emergency I can be reached at the following number -

\_\_\_\_\_

Doctor

\_\_\_\_\_

Hospital

\_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Printed Name