

## Medication Release Form

I request that my child be administered the prescription (or non-prescription) medication listed below according to the designated guidelines.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Duration: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

1. The prescribed medication ***must*** be in the ***original container*** and have the affixed label including the student's name. **Non-prescription** medication must ***also*** be in the ***original container***.
2. This record will be kept in the student's file.
3. ***A new permit*** needs to be signed ***for each new prescription***.
4. The school requires that medication be kept by school personnel until the student needs to use it.

***This releases and holds school personnel harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of the medication in the school and its use by my child.***

Signed (Parent/Guardian) \_\_\_\_\_

Date: \_\_\_\_\_