

PARENT/GUARDIAN MEDICATION CONSENT FORM

Full name of child _____

Name of drug and dosage _____

Hour it is to be given _____

Name of physician ordering drug _____

Reason for medication _____

Name of person who will be giving the medication during school hours:

Special Instructions: _____

I hereby give my permission to the above designated person to give the medication to my child according to the directions stated above and to contact the child's physician.

I further agree to hold the School District of Hilbert and above designated person harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

Signature of Parent/Legal Guardian

Date

NOTE:

Before prescription medication will be administered by school personnel, a Physician Order for Medication form shall be returned to school personnel at the same time the Parent/Guardian Consent form is returned to the school.