

# SCHOOL MEDICATION REQUEST

ST. PETER LUTHERAN SCHOOL

When a child must take medication during school hours, the school must have formal requests on file. Please have these requests completed and return them to school before bringing any medication to school. The school should be notified in writing of any change in medication. The form must clearly indicate any precautions which need to be taken. This form should be renewed at the beginning of each school year, if the need for the medication persists.

## PARENT REQUEST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Grade Level \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Date medication begins \_\_\_\_\_ Final date of medication \_\_\_\_\_

I hereby request school personnel to supervise the administration of the medication prescribed for my child, named above. It is understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance on my request (and the statement of the physician) that the prescribed medication and dosages are safe. Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kinds which may be caused thereby, as well as those injuries or ill effects caused by school personnel failure to remind students to take the prescribed medication and to monitor its dosage.

Medication \_\_\_\_\_

\_\_\_\_\_

Instructions \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Doctor's name and phone number \_\_\_\_\_

\_\_\_\_\_

Parent Signature (in ink)

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone #

\_\_\_\_\_

Work Phone #

\_\_\_\_\_

Date