

Sargent Central PUBLIC SCHOOL
Request to Administer Medication at School

Student _____ Grade _____ DOB ____/____/____

Allergies _____ School Year _____

Medication _____ Dose _____ Route _____

Time/Frequency _____ Continue until _____

Reason for medication _____

Special Instructions _____

Possible side effects _____

Health Care Provider's Name _____ Clinic Name _____

Clinic Phone _____ Clinic Fax _____

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- ❖ By signing this form, I authorize the release of my child's health information to appropriate school staff and request that this medication is administered to my child as prescribed. I authorize the prescriber and the school designee to exchange information necessary for the safe administration of this medication.
 - ❖ I release school personnel from liability in the event adverse reactions result from medication(s) and/or treatment(s)/procedure(s).
 - ❖ **Student Self-Administration:** The student has received education on any side effects or adverse interactions associated with the medication and how to prevent them: YES ___ NO ___
 - ❖ The student is capable of self-administering this medication in a secure manner: NO ___
YES—Supervised ___ YES—Unsupervised ___
 - ❖ The student may carry this medication: YES ___ NO ___ If carrying medication, student agrees not to leave the medication unattended or unsecured and accessible to other students.

Parent/Guardian Signature: _____

Student Signature: _____

***Health Care Provider Signature:** _____

*(Only required for prescription medication or over-the-counter medication if it is to be provided in a manner inconsistent with manufacturer's recommendation.)

No Medications (including over-the-counter meds such as Tylenol) will be given without consent from Parent and Health Care Provider (when applicable as stated above). A supply of the properly labeled prescription from the pharmacy should be left at school. It is the parent's responsibility to supply medications for administration to the school central office and gather the medication supply when discontinued or at the end of the school year (whichever is first). Medications that are left after the school year will be destroyed.

Please return completed form to Sargent Central School office: Fax 701-724-3559