



The medication must be maintained in the original prescription container, which shall be labeled with:

1. Name of Pupil
2. Name of Medication
3. Directions for use
4. Name of Physician
5. Name and address of pharmacy
6. Date of prescription

Medication orders are only effective for the school year in which they are ordered. The physician must renew them each school year.

Since it is necessary that my child be given medication during school hours, I hereby give my permission for certified school personnel to administer it.

Student's Name

Date

Parent or Guardian

Name of Medication _____

Dosage _____

Time to be given _____

Reason _____

Anticipated Reactions _____

Date

Physician's Signature

ASTHMA MEDICATIONS ONLY

If you and your physician feel your student needs to carry their own asthma inhaler with them during school hours, you must have your physician sign this order sheet for them to do so. Except in an instance of gross negligence, the school district and its employees will incur no liability as the result of any injury arising from self-administration of medication by a student.

I feel this student is adequately educated in the appropriate use of his/her inhaler and is responsible to self-administer medication as needed.

Parent's Signature

Physician's Signature