

To the Parent or Guardian:

We advise you that _____ School does not routinely administer or take any responsibility in the giving of medication to school children. If your child is on medication, please give it at home and advise the school so the staff may watch for adverse symptoms to the drug.

However if a medication must be given during school hours, the school must have the name of the drug, dosage, hour to be given and for how long, signed by the attending physician.

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**
- 7. Expiration date of medication**

First aid is administered for accidents which happen at school only. We do not give any tetanus injections or other treatments.

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RETURN THIS FORM TO THE PUPIL'S SCHOOL

Pupil's name _____ Date _____

Since it is necessary that my child be given medication during school hours, I hereby give my permission that the same be administered by the school personnel.

Parent or Guardian Signature

NAME OF MEDICATION _____ **EXP. DATE** _____

DOSAGE _____

TIME TO BE GIVEN _____

REASON _____

ANTICIPATED REACTIONS _____

DATE _____ **PHYSICIAN'S SIGNATURE** _____