

SOUTHWEST LICKING LOCAL SCHOOLS
PARENTAL RELEASE FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

(This side to be completed by parents or guardians.)

TO: _____ BUILDING NAME: _____
(Building Principal)

FOR: _____
(Student's Name)

We (I) the undersigned _____ of _____
Parent(s), Foster Parent(s), Guardian(s) Student's Name

request that *medication be administered to our child in accordance with the instructions of our physician, Dr. _____ (see instructions on other side of this form). We (I) understand that the administration of said medication is to be done under the supervision of a member of the school staff.

Further, we (I) understand that the school personnel are not legally obligated to administer medication to any child and, therefore, we (I) agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgement arising out of these arrangements which may be rendered against them.

Further, we (I) the undersigned, agree to bring the medication to school in a container from the pharmacist properly labeled by same, this label to include name of the student, physician, date, dosage instructions, (quantity and time), and name of medication.

Further, we (I) will notify the school immediately if we change physicians or medication or terminate the use of this medication for any reason, and will report as soon as possible to the school to pick up the remainder of said medication.

**Signature of Father _____ ** Signature of Mother _____

Address of parents _____
(Box Number, Street Address, Village, Zip Code)

Home Telephone Number _____ Business Telephone Number _____

* Medication refers to medication in pill, capsule, liquid, ointment, or spray type containers. The schools will not assume responsibility for administering injections.

* Both parents must sign this release if they are living with or have custody of child. If parents are separated and both still retain legal custody, BOTH parents must sign. If children are in a foster home and placement is by agency that holds custody, agency must sign.

NOTE ---

Non-prescription drugs will be administered under same conditions as prescription drugs except no physician's signature is required. For non-prescription drugs, parent will fill in physician's part 1, 2, 3, and 6.

Due to Reyes Syndrome, aspirin will be given only with a physician's order.

[ANY MEDICATION LEFT AT SCHOOL AFTER THE END OF THE SCHOOL YEAR
WILL BE DISPOSED OF AFTER FIVE DAYS FROM THE LAST DAY FOR STUDENTS]

(Other side. Top Section. To be completed by family physician.)

SOUTHWEST LICKING LOCAL SCHOOLS
PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF *MEDICATION AT SCHOOL

TO: Southwest Licking Local School District's Personnel

Since medication for the student listed below cannot be scheduled for other than school hours, and the administration of such medication may be supervised by medically untrained personnel, it is requested that the medication as indicated below be administered by school personnel.

1. Name of student _____
2. Address of student _____

3. Medication to be administered (name, quantity, and times) _____

4. Possible reactions that, if they occur, should be reported to the physician. _____

5. Medication to be continued as above until (DATE) _____
6. Date of this request _____
7. Physician's signature _____
8. Physician's address _____

9. Physician's telephone number _____

*Medication, for release, refers to medication in pill, capsule, liquid, ointment, or spray type containers. The schools will not assume responsibility for administering injections.



TO BE COMPLETED BY THE SCHOOL:

1. Person(s) authorized to administer medication for this student. Principal should list name(s).

2. Nurse's signature _____ Date _____
3. Principal's signature _____ Date _____