

Descriptor Term: ADMINISTERING MEDICATION TO STUDENTS PARENT PERMISSION FORM	Descriptor: JGCDC-E Formally JLCD-E	Issued: 04/22/2003
	Rescinds: JLCD-E	Issued: 11/12/2002

PARENTS REQUEST FOR GIVING MEDICATION AT SCHOOL

I request the school to see that my child, _____

Grade _____ Teacher _____ receive

_____ prescribed by Doctor _____
(name of medication)

Pharmacy _____ Prescription Number _____

Diagnosis _____

Dosage _____ Time _____

Beginning _____ to _____
(date) (date)

I will deliver my child's medication to the school nurse, principal, and/or the designee in a container properly labeled (original pharmacy label) with my child's name, the physician's name, date of original prescription, and name of medicine. I will notify the school immediately of my child's health status changes, or if there is a change or cancellation of the procedures of medications.

I authorize the school to assist my child in taking oral medication. I agree to indemnify and hold Tupelo Public School District, its staff, employees, agents, representatives and Board of Trustees, and the school nurses and their employers harmless from any and all actions, causes of action, damages and/or liability that may be incurred or result from the administration of medication to my child.

I have read and understand school policy JLCD Administering Medication to Students and agree to comply with its provisions.

Signature of Parent/Guardian

Address

Phone

Date

*Please bring medication to the school – do not send with student. How often should the medication be brought to school? Daily _____ Weekly _____ Other _____
The law allows any person (not necessarily a nurse) to assist in carrying out a physician's request. This accommodation on the part of the school is not legally required. Medication will only be administered to student at time designated. In case of early dismissal, parent should contact school if there are any questions concerning administration of medication.*

