

PARENT MEDICATION REQUEST FORM WATERTOWN SCHOOL DISTRICT 14-4

Parents are requested to give medication at home whenever possible. If it becomes necessary to administer medication to students during school hours the following regulations will be observed:

1. Medication to be administered must be prescribed by a licensed medical professional. The school may contact the professional as necessary.
2. Medication to be administered by school personnel must be provided in the prescription container with the prescription attached. Medication improperly packaged or labeled will not be administered.
3. Parents or guardians must provide the information requested below and sign the form granting the school permission to administer the medication.

Student, parent and medical information:

I request that my child receive medication as prescribed by our physician in the form below, and I understand that I must bring the medication to school. I understand that district personnel are rendering a service and will administer the medication in accordance with instructions; the district assumes no further responsibility.

Student Name _____ Date _____

Attending Physician _____ Phone _____

Name of medication _____

The student being treated for _____

Specific time to be given and dosage _____

Length of time to be administered _____

Possible side effects or adverse reactions _____

Signature _____ Phone: (H) _____

Phone: (W) _____