DeForest Area School District

REQUEST for ADMINISTRATION of PRESCRIPTION MEDICATION

School____________________________________**Teacher**__________________________**Grade**___________

I request that authorized personnel administer medication prescribed by ___________________________________
(Physician' Name)

to my child_______________________________from __________________ to_____________________
(Date) (Date)

Name of medication ____

Dosage to be given ____

Time(s) of day to be given ____

I understand the medication is to be furnished by the parent. The container needs to have a pharmacy label. The label should contain the name of the child, name of the medication, dosage to be given, and the expected duration of treatment. The physician's name must be on the label.

Date_________________________________ ____
(Physician's Signature)

Date_________________________________ ____
(Parent Signature)

Date_________________________________ ____
(Principal's Signature)

Because it is our goal to provide a safe and healthy environment for children, it is our policy that **all prescription drugs may not be transported in or out of school by students, with the exception of inhalers, but rather brought in and picked up up by the parent/guardian.**

If it is **IMPOSSIBLE** for either parent to transport medications, please sign the consent form below, and return it to the school office as soon as possible. When sending medications to school, please count the medication and send a note with your child stating your child's name, the date, the count, and your signature. **Please place a call to the school office to inform them that your child will be bringing medication to school that day. When your child gets to school, have him/her go directly to his/her teacher or the school office with the medication and the note from you.**

Thank you for your cooperation! If you have any questions or concerns, please call your child's school or the school nurse.

I, ____accept full responsibility for the transportation of
Parent or guardian name

___________________________________ to and from school by my child, ______________________________

Parent Signature ____ **Date** __________________