

Exhibit: Permission for Administering Medication at School

Name of Student: _____

School: _____ Grade: _____

Name of Medication: _____

Circle one: Prescription / Non-prescription Dosage: _____

Time of Day/Frequency of Administration: _____

Length of Administration (e.g. end date, # of days needed) _____

Purpose of the Medication: _____

Possible Side Effects: _____

Health Care Practitioner: _____ Phone: _____

Date: _____

Signature of Health Care Practitioner

It is understood that the medication listed above is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by Mapleton Public Schools, the undersigned parent or guardian hereby agrees to release Mapleton Public Schools and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for my student, _____, to take the above medication at school as detailed above. I understand that it is my responsibility to furnish this medication to the school in its original, properly labeled container.

Date: _____

Signature of Parent/Guardian

Adopted September 24, 2013.