

REQUEST TO ADMINISTER MEDICATION AT SCHOOL
OVER-THE-COUNTER MEDICATION
USD 356 CONWAY SPRINGS, KS

For your child's safety, the medication must:

- ❖ Have the first dose given at home to avoid unexpected reactions.
- ❖ Be in the original container labeled appropriately stating the name of the medication, the dosage, and the manner to be given at school.
- ❖ Written consent must be given by a parent or guardian.
- ❖ A new medication form must be filled out for each new school year.

Name _____ Birthdate _____

School _____ Grade _____

Medication _____ Dosage _____

School time schedule of administration _____

Date started _____ Expected duration _____

Reason for Medication _____

PARENTS: I hereby certify that _____ has previously had at least one dose of the above-prescribed medication and did not have an adverse reaction from it. I request that this medication be administered at school as directed above. I understand that any school employee who administers this medication to my child, in accordance with written instructions from the physician or dentist (& BOE policy) shall not be liable for damages as a result of an adverse drug reaction suffered by the pupil because of administering such drug or because of mislabeled or altered product.

Signature of Parent or Guardian

Date