

PERMISSION FOR MEDICATION

(PHYSICIAN'S ORDER AND PARENTAL CONSENT)

The medication administration policy of the HARDIN COUNTY SCHOOL SYSTEM states: medications shall be administered only when the student's health requires that they be given during school hours. Medications that are administered at school must be in the original container with pharmacy labels attached, stored in a locked cabinet in the office, and administered under the supervision of the school nurse, school administrator, or his/her designee. Written authorization from the student's parents/guardian and physician is required, and is for the current school year only.

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Purpose of Medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at school _____

Date _____

Signature of Physician

It is understood that the medication 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 any person employed by the Hardin County School System, the undersigned parent or guardian hereby agrees to release the Hardin County School System and its personnel from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for _____ to take the above prescription as ordered. I understand that it is my responsibility to furnish this medication.

Date _____

Signature of parent or guardian