

Request for School Personnel to Administer Medication

(Please complete all information on this form and return it to the school office.)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Medication to be administered \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Anticipated number of days medication needs to be given during school hours

Possible side effects \_\_\_\_\_

My signature authorizes the school secretary, principal, or designee to administer the medication as stated on this form, to my child, \_\_\_\_\_ and that any side effects from the medication are not the school's responsibility. I also release the school from any liability for any reasons associated with administering medication.

I am aware that False River Academy does not have a school nurse on staff, and my signature further indicates my acknowledgement of this information.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date