

LEWIS-PALMER SCHOOL DISTRICT 38
Permission for Prescription and Non-Prescription Medications

Name of Student _____ Date of Birth _____
 Parents Name _____
 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 _____

_____ <i>Date</i>	_____ <i>Signature of Doctor/ Licensed Prescriber</i>	_____ <i>phone</i>
	_____ <i>Print: Doctor/ Licensed Prescribers Name</i>	_____ <i>fax</i>

Parent or Guardian please indicate your choice for each item by checking the appropriate box and sign and date below:

1. I give my permission for my child's health care provider to complete this form and return to my child's school by fax or mail.....**Yes** **No**

2. It is understood that 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 staff member of the Lewis-Palmer School District, the undersigned parent or guardian hereby agrees to release the Lewis-Palmer School District and its staff from any legal claim which they now have or may hereafter have arising out of the administration of or failure to administer the medication to the student, or possible 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 ordered. I understand that it is my responsibility to furnish this medication. I have read the board policy for Administering Medicines to Students (on the back of this form).....**Yes** **No**

Note: Prescription medication is to be brought to school in a container appropriately labeled by the pharmacy or doctor/licensed prescriber stating the name of the medication and the dosage. Over-the-counter medications must be in their original, labeled container.

_____ _____
Date *Signature of Parent or Guardian*