

**REQUEST FOR DISPENSING OF MEDICATION OR PERFORMANCE OF
MEDICAL PROCEDURE**

Dear _____ Date: _____

It has come to my attention that your physician has prescribed a medical procedure/medication that is necessary to be administered at school. To release school personnel from liability in performing/administering such, the following information must be completed by your physician and yourself.

PARENT'S STATEMENT

Student's Name _____ Grade _____ Date of Birth _____

Procedure/Medication to be done or given _____

How is medication to be given _____ When _____

I am requesting that school personnel administer above medication/procedure as prescribed by the physician or myself, to my child. I, the undersigned release school personnel from liability in dispensing any medication or performing any procedure authorized by me. In addition, I understand that it is my responsibility to see that the medication and needed equipment is delivered to the school and to notify the school as to any changes in medication, procedure and or physician. Expired and discontinued medication not picked up by the last day of school will be destroyed.

Parent's Signature

Date

PHYSICIAN'S STATEMENT – PRESCRIBED MEDICATION/PROCEDURE

Student's Name _____ Date of Birth _____

Diagnosis _____

Procedure/Medication to be done or given _____

Medication Dose _____ Route _____ Time _____

Date to begin _____ Date to end _____ Order will be valid for current school year

Are there any possible reactions that need to be reported to you _____

Are there any special instructions or precautions _____

Physician's Signature

Date

Telephone Number

For inhaler and Epi-Pen medication only:

_____ It has been determined that this student is able to self-administer and carry an asthma inhaler or Epi-Pen, and has been trained in its use including knowing when the medication is to be used. It is the student's responsibility to report usage to the school office

_____ This student should **not** self-administer an asthma inhaler or Epi-Pen

Physician's Signature _____ Date _____ Telephone _____