

# Tecumseh Local Schools

## Request and Permission for Dispensing Medication at School

Since medication for the student listed below cannot be scheduled for other than school hours and the administration of such medication may be supervised by medically untrained personnel, it is necessary that all information be completed before medication can be administered by school personnel. (This includes prescription and over-the-counter medications.)

Both the parent or guardian and physician must complete and sign this form.

### Physician's Request for the Administration of Medication

\_\_\_\_\_ (name of student) is under my care and should receive  
\_\_\_\_\_ (drug, dose and route) at \_\_\_\_\_ (time to  
be given).

Date go begin \_\_\_\_\_ Date to end \_\_\_\_\_

Specific instructions \_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

### Parent's Request for the Administration of Medication at School

I have read and understand the regulations (as listed on the reverse side) for the administration of medication and hereby request that the principal or designee may administer the following medication to my child.

I further understand that the administration of said medication is to be done under the supervision of a member of the school staff. I understand that the school personnel are not legally obligated to administer medication to any child and therefore, I agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication to be given \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Expiration of the request \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date of request \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_