

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 _____