

Alleman High School
Request for the Administration of Medicine or Treatment at School

Guidelines for the Administration of Medication or treatment at School

The administration of medication/treatment is not normally a function of education. However, if it becomes necessary for a student to take medication/treatment at school, the following guidelines must be followed:

- Medication/Medical supplies must be delivered to the school's main office
- Medication must be in a container properly labeled by the pharmacist/physician
- Non-prescription drugs must be in the original container properly labeled with the student's name
- Written orders must be obtained from the physician
- Written permission must be received from the parent/guardian
- Notification must be received when the medication is discontinued, if there is a change in dosage, or a change in the interval of the medication
- *This medication request form must be renewed at the beginning of each school year.*

Student: _____ Grade: _____

Medication/Prescribed Treatment: _____

Dosage/Time/Frequency: _____

May the above student self administer the medication/treatment? _____

Desired Benefits / Side Effects: _____

Physician's Signature: _____ Date: _____ Phone: _____

Parents Request for Administration of Medication/Treatment at School

I hereby request and grant permission for Alleman High School and its personnel to allow my son/daughter _____ to self-administer the above medication or treatment in accordance with the instructions of _____ (physician's name). I further release and waive any claims against Alleman High School, its employees and agents arising out of the self-administration of said medication/treatment and agree to hold harmless and indemnify Alleman High School, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs and expenses, including attorney's fees, resulting from and arising out of the administration of this medication or treatment.

Parent/Guardian Signature _____ Date _____