

LAFAYETTE REGIONAL SCHOOL

PRESCRIPTION MEDICATIONS

When your child needs to take any prescription medication while at school, we need to see a physician's order (see below) and a parent/guardian authorization in order for the nurse to administer it. If your child isn't currently taking a prescription medication during the school day, there will be forms available in the office for you to complete.

PRESCRIPTION MEDICATION RELEASE

Name of Student: _____ Grade: _____

Physicians Order:

I hereby request and authorize you to give:

Medication _____

Dosage _____

Time given _____

In effect until _____

Diagnosis/medical reason for medication:

Drug Allergies (if none, state none):

Physician Signature _____ Date _____

Parent/Guardian Authorization

1. I request that the above medication be given during school hours as ordered by this student's physician
2. I release school personnel from any liability in relation to this request when the medication is given as ordered.
3. We will notify the school of any change in the medication (dosage change, medication is discontinued before time stated in MD order.)
4. I give permission for the school nurse to communicate with appropriate staff about this medication.
5. I give permission for the school nurse to consult with the above named physician regarding any questions that arise with regards to the listed medication or medical condition being treated by this medication.
6. **Field Trips:** I give permission for the assigned teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.

Parent/Guardian Signature: _____ Date: _____