

File: JLCD-E - Permission for Medication.

Name of student _____

School _____ Grade _____

Medication _____ Dosage _____

Purpose of medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at school _____

Date _____

Signature of health care practitioner

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the Burlington School District RE-6j, the undersigned parent or guardian hereby agrees to release the Burlington School District RE-6j and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for _____ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication.

A new Permission for Medication form must be completed for each medication change and each school year.

Parent/guardian printed name

Parent/guardian signature

Date

ADOPTION DATE: January 15, 1997

REVISION DATE: August 15, 2001

Revised: March 27, 2023

NOTE 1: The prescription medication is to be brought to school in the original properly labeled container stating the student's name, name of the drug, dosage, time for administering, name of the medical provider, and current date (non-expired) printed by the pharmacy.

NOTE 2: Those personnel administering medications must be trained in observing for side effects and in the appropriate steps to take should side effects occur. While the school is not responsible for the occurrence of side effects, the school is responsible for observing for side effects.