

RIVER RIDGE SCHOOL DISTRICT #210

Request for Administering Medication at School and Release from Liability

Student's name: _____ Birth date: _____
School: _____ Date: _____

Parental Authorization:

I/We, the undersigned parents/guardians of the minor child, _____, a student at River Ridge School District #210, hereby request that our child be allowed to attend school and to be given requested medication _____ from _____ (date) to _____ (date) under the supervision of school personnel.

I/We herewith acknowledge that I/We are primarily responsible for administering medication to my/our child. However, in the event that I/We am/are unable to do so or in the event of a medical emergency, I/We authorize River Ridge School District #210 and its staff, to administer the above stated medication on my/our behalf. I/We further acknowledge and agree that, when the above requested medication is administered or attempted to be administered, I/We waive any claims I/We might have against the School District, its staff and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the School District, its staff and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

May student self-administer medication under supervision of Health Service personnel or designate?
(A student self-administration form must be completed) (Please circle) YES/ NO

Parent's Signature _____ Home Phone _____

Parent's Address _____ Work Phone _____

Physician's Authorization:

Medication Name/Health care treatment: _____

Dosage: _____ Time to be administered: _____

Administration instructions: _____

Intended effect of this medication: _____

Expected side effects, if any: _____

Other medication student is taking: _____

Prescriber's Signature _____ Date _____

Prescriber's Emergency Phone _____ Address _____

DISPOSITION OF MEDICATION

Transportation of medication supplies of students requiring medication during the school year is the responsibility of the parents. The school district requires that all medication received be labeled and in original container, see medication administration policy.

Medication should also be accompanied with a note indicating the amount of medication being brought to the school. School staff will count medication brought to the school and record on the medication administration record.

To ensure that limited transportation of medication to and from school is obtained the school encourages parents to anticipate the amount of medication needed to cover the student's attendance days. It is the responsibility of the parents/guardians to bring and pick up the needed medication to school. If it is necessary for the student to bring the medication to school, parental verification of type and amount of medication is required.

Unused medication at the end of the school year will be discarded if parent does not pick it up. The school will need to know the parents/guardians choice of disposal. Please fill out the bottom section indicating your choice of disposal for unused medicine.

Medication that is discarded by staff will be recorded on the medication administration record. Medication that is discarded will be disposed of in the presence of a witness and both parties will sign documentation of the disposal.

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_____ I will pick up any unused medication at the end of the school year or at the end of my student's treatment regime.

_____ Please discard any unused medication at the end of the school year or at the end of my student's treatment regime.

Parent's/Guardian's signature: _____
Date: _____