

**Assisting Students with Medications**

Dear Principal:

I request that a member of the school staff give medication to my child, \_\_\_\_\_ according to doctor's orders.

I am aware that school employees, other than the school nurse, are not licensed or specially trained to assist students with medications. I understand that in order to ensure that someone is available at the school to assist with medications at designated times, that in addition to the school nurse, the principal may designate non-nursing personnel to assist with medications as well. Accordingly, I hereby authorize the school nurse, the principal or his/her designee to assist my child with their prescribed medication.

I have attached a Permission for School Administration of Prescription Medication Form completed by my child's physician. The Medication Administration form has the medication name, the dosage, the route, the purpose, the frequency, and the time(s) the medication should be given. I understand it will be my child's responsibility to remind school employees of the time the medication is to be taken.

I agree to immediately advise the district of any changes in my child's condition which would require altering the assisting of medication set forth in the attached Prescription Medication Form signed by my child's physician.

I also agree not to hold the school, the district or school personnel liable for any adverse drug reaction when the medicine is assisted/given according to prescribed methods.

I understand the district and/or principal may deny this request for legitimate reasons.

\_\_\_\_\_  
Parent/Legal guardian

\_\_\_\_\_  
Date