

DEERFIELD COMMUNITY SCHOOL DISTRICT

Administering Medication to Students

(Please return to your child's school)

Student Name _____

Physician's Name _____

Birth date _____ Male _____ Female _____

Physician's Address _____

School _____ Grade _____

Parent/Guardian _____

Physician's Phone _____

Home Phone _____ Work Phone _____

Physician's Fax _____

To Parent/Guardian/Physician:

The School District of Deerfield is required by state statute to give prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

(This form must be completed for each medication (if more than one) to be dispensed)

Medication _____ Dosage _____ Frequency _____

Start Date: _____

Beginning of school year

End Date: _____

End of School Year

Medication Expiration Date (if applicable) _____

Form: Tablet/Capsule Liquid Inhaler Nebulizer Injection Other _____

For episodic/emergency events only.

**Emergency medications such as: inhaler, glucagon, insulin, Epi-pen Student to self-administer/carry: Yes No

Time(s) to be given _____ Reason for this medication _____

If given on an "as needed" basis, please describe _____

Special instructions _____

Side effects (expected or predictable) _____

I, the prescribing physician, am willing to accept direct communication from the person dispensing and administering the above medication:

Physician's Signature _____ Date _____

(Signature required for all prescription medication and for non-prescription medication that exceeds the manufacturer's recommended dosage).

Parent/Guardian Signature _____ Date _____

(Signature required for all prescription and non-prescription medication).