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 statue to give prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must by 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:_____ End Date:_____
Beginning of school year 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).