

Dunmore School District
AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS
SCHOOL YEAR:-2017-2018

Important Notice to Parents/Guardians: Please remember, as per State Law, no medication of any kind can be dispensed or self administered by your child at school without a written physician's order. Unfortunately, written permission slips from parents can not be accepted. Each year a new medication must be returned to the school. Previous orders will not be accepted. Thank you for your cooperation.

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PHYSICIAN AUTHORIZATION

Medication must be packaged in the original or properly labeled pharmacy container .

Student _____ Grade _____

Medication/Dosage _____ Time: _____

Diagnosis: _____

_____ This student is capable and responsible for self administering this medication _____ YES _____ NO

_____ This student is able to carry medication with him/her.

Special considerations: _____

_____ **Date**

_____ **Physician Signature**

_____ **Phone Number**

_____ **Physician Name Printed**

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PARENT/GUARDIAN AUTHORIZATION

I AUTHORIZE THE Dunmore School District to administer /or monitor the self administration of the medication as prescribed above. I do hereby release, discharge and hold harmless the Dunmore School District, it agents and employees, from any and all liability and claim whatsoever for medication administration/or supervision of self medication. I understand that the School District will not assume responsibility for medication that is lost, stolen or left at home.

Date: _____ **Parent /Guardian Signature:** _____