

**SCHOOL HEALTH SERVICES
ST. MARY SCHOOL**

DISPENSING MEDICATION AT SCHOOL

Cincinnati Board of Education policy (Students Section, 5141.3) requires consent of parent or parent surrogate before medication can be given to a child by school personnel. The following is necessary in order to comply with this policy.

NAME OF PUPIL: _____ DATE OF BIRTH _____

TO BE COMPLETED BY THE CHILD'S PHYSICIAN

Name of medication: _____

Dosage: _____ Time To Be Given: _____

Duration of dosage: _____

How administered: _____

Date to *BEGIN* Medication: _____ Date To *TERMINATE* Medication _____

Possible side effects: _____

Physician: _____

Physician's Telephone Number: _____

Physician's Signature: _____

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The medicine must be in pill, capsule, or spoon form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name, and the prescription number.

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration of non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration of non-administration of any medicine. I give my permission for the principal or his/her designee to administer the prescribe medication.

Signature of parent/parent surrogate _____

Date signed: _____

THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR.

Please return this form to the child's principal.