

PHYSICIAN ORDER AND PARENT REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL (SHORT TERM AND PRN)

Notice to attending physician:

The Bigfork School would like to encourage parents to administer medication(s) outside of the school day. In the event that it is necessary for a child to receive medication at school, we request that you provide us with the following information and instructions.

Student Name _____ DOB _____

Allergies _____

Diagnosis of illness or condition _____

Medication required _____

Dosage _____

Times of administration of medication _____

Possible side effects _____

Anticipated number of days to be given at school _____

Special instructions for the nurse and/or teacher _____

Physician's Signature _____

Notice to parents:

Medications must be sent in the prescription bottle with the prescription and expiration dates clearly visible.

We _____ as parents /legal guardians of _____ hereby consent to the administration of (medicine) _____ as outlined above by our physician. We request that this medication be given to our child; and therefore release Bigfork School, its agent and employees from any and all liability as well as to hold them harmless to the extent outlined by law in consideration for their efforts in this regard.

Parent Signature _____

(MEDICATION GRID INSERTED HERE)