USD 308 HUTCHINSON PUBLIC SCHOOLS
2018-2019

Request for Medication Administration and Special Health Care Services

(Must be updated by licensed health care provider at the beginning of each school year)
One Form per Medication / Treatment

Policy: Unified School District #308 requires that all students who need medication and/or special health care services during school hours, on field trips, and after school activities be in compliance with the following:

1. Permission form must be completed and signed by licensed health care provider.
2. Permission form must be signed by the parent or legal guardian.
3. Medication must be brought to school in the ORIGINAL CONTAINER, properly labeled with the student's name and correct dosage by a registered pharmacist as prescribed by law.
4. Only medication or treatment that is necessary so the pupil can attend school or benefit from his or her educational program should be given during the school day.
5. It is recommended that the medication be administered at home at least once to avoid unexpected reactions.
6. Communicate any change in student's health status, medication regime, or health care provider.
7. Sign authorization for school to communicate with the student's health care provider. This authorization to release information is on the building/district website: Parent Resources.

Part A: Parent/Legal Guardian to Complete

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Known Medication Allergies _____

Part B: Physician to Complete

Diagnosis / Condition: _____

PHYSICIAN MEDICATION AND/OR TREATMENT ORDERS: (please specify)

Medication / Treatment	Dosage	Time / Frequency	Route
_____	_____	_____	_____

Special Instructions: _____

_____ _____ _____
Physician Signature Physician (Printed Name) Today's Date

_____
Physician Phone Number

TO BE COMPLETED BY PARENT OR GUARDIAN:

I hereby request that school personnel administer this medication to my child as prescribed by our Medical Health Care Provider. I understand that it is my responsibility to furnish the medication as noted above. School staff who administers this medication to my child shall not be liable for damages as a result of the administering of the medication in accordance with this request. I shall indemnify and hold harmless school employees against any claim for such damages.

_____ _____ _____
Signature of Parent/Guardian Date Emergency Phone

Medication picked up by_____ Date: _____
(Signature of Parent/Guardian)