

**AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION
MEDICATION AND RELEASE OF LIABILITY**

The District hereby designates trained personnel:
School Nurse, Principal, Administrative Assistants, or
Teacher(Field Trip only)to administer prescription medication.

And hereby authorize these personnel of the District to
administer the following medication to:

NAME OF CHILD: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

NAME OF MEDICATION/TREATMENT: _____

PURPOSE OF MEDICATION/TREATMENT: _____

DOSE TO BE ADMINISTERED AT SCHOOL: _____

END DATE of ADMINISTRATION(if applicable): _____

INSTRUCTION FOR ADMINISTRATION: Given according to the licensed
health care provider's directions on the original container.

Name of Health Care Provider (Please Print) _____

In consideration of District personnel administering such
medicine, the undersigned hereby releases, indemnifies, and
holds harmless said District and its personnel from all claims,
demands, and liabilities, direct and indirect, which may result
or accrue by reason of the administration of such medicine, the
failure to administer it, or the improper administration
thereof.

I have read and understand this authorization. I hereby give my
permission for _____ to take the above prescription at
school as ordered. I understand that it is my responsibility to
furnish this medication.

Date Parent or Legal Guardian

PARENT NOTE: PRESCRIPTION MEDICATION MUST BE BROUGHT TO SCHOOL
IN ITS MOST RECENT PRESCRIPTION BOTTLE/CONTAINER, APPROPRIATELY
LABELED BY THE PHARMACY OR LICENSED HEALTH CARE PROVIDER,
STATING THE NAME OF THE MEDICATION AND THE DOSAGE.

First Reading: 3-9-26

Second Reading: 4-6-26