

DANBURY LOCAL SCHOOL DISTRICT

PRESCRIPTION DRUG REQUEST

***PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY
SCHOOL PERSONNEL***

_____, who lives at _____
(Name of Student) (Address)

and is a student in grade _____ at _____

is under my care and should receive _____
(Name of Drug)

_____ at _____
(Dosage) (Intervals)

beginning _____ and ending _____
(Date) (Date)

List severe adverse reactions that should be reported to the physician at _____.
(Telephone)

Special instructions for administration of drugs, such as sterile conditions, injection or storage.

Medication must be sent to school in the original container. The parent has the responsibility to notify the school within twenty-four (24) hours if there is any change in the prescription.

The above request is being made of school personnel to assist in meeting specific needs of your youngster, and we absolve such personnel of any liability for administering, or failing to administer, the medication.

(Date)

(Physician)

(Parent)