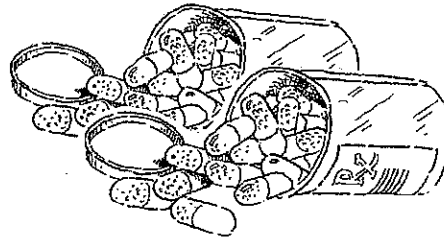
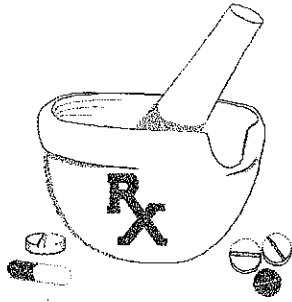


USD 247 CONSENT FOR MEDICATION



Student Name: _____

Grade: _____

MEDICATION: _____

TIME: _____

DOSAGE: _____

Special directions for medication administration: _____

Reason for medication: _____

Date medication started: _____

Expected duration of medication: _____

Date

Signature of Physician

.....
In order to avoid unexpected allergic reactions in the school setting, the first dose of the above medication must be given at home.

NOTE: The medication(s) must be brought to school in the original container it was purchased in. The prescription container shall be properly labeled by the pharmacy or physician, stating the name of the student, name of physician, name of the medication, the dosage, the date, and the time(s) to be given. (You may ask for 2 containers from your pharmacist, one to be sent to school, and one to be kept at home).

Non-prescription medication must also be brought to school in the original container it was purchased in. The container must include the student's name on it.

.....
I hereby give my consent for _____ to take the above medication
(name of student)

at school as indicated on this form. I understand that it is my responsibility to furnish this medication. I verify the first dose of the above medication has already been given at home. I further understand that any school employee who gives the above medication to my child shall not be liable for damages as a result of an adverse reaction suffered by my child as a result of giving this medication.

Date

Signature of Parent or Legal Guardian