

WINDHAM SCHOOL DISTRICT
Windham, NH

PARENTS REQUEST FOR GIVING PRESCRIPTION MEDICINE AT SCHOOL

My child, _____, a student at Windham Middle School in Grade _____, requires medication during the school day as prescribed by her/his physician. I hereby request that the school nurse, or another staff member designated by the principal, keep the medicine in his/her custody and assist my child in taking the same in accordance with the physician's directions specified herein and with the requirements of relevant State Board of Education regulations.

In making this request, we the parents agree that we will not hold liable the Windham School District or any member of the school staff whose duty it is to assist our child in taking oral medicine and further we agree to hold harmless and indemnify the Windham School District and any such member of the school staff for any and all losses that may be occasioned as the result of assisting our child in taking such oral medicine, **WHICH ARE PROVIDED IN THE ORIGINAL PHARMACY CONTAINER.** This includes injectable emergency medication. We also give the school nurse or principal permission to confer with the physician, if necessary.

* Signature of Father or Guardian: _____ Date: _____
* Signature of Mother or Guardian: _____ Date: _____

* If only one parent has legal custody of child and/or parent is deceased, explanation should be on back of form.

PHYSICIAN'S STATEMENT

The above named child, _____, requires medication during the school day as follows:

1. Identification of Medication: _____
Dosage: _____
Route: _____
Time Schedule to be Observed: _____

2. Identification of Medication: _____
Dosage: _____
Route: _____
Time Schedule to be Observed: _____

This order is effective until: _____
Date: _____ Signature of Physician: _____
Telephone: _____