

# FREEPORT AREA SCHOOL DISTRICT MEDICATION ADMINISTRATION CONSENT

It is required by the Freeport Area School District that the attending physician completes the following form for all medications to be given during school hours. Please be aware because of the possible unavailability of licensed personnel, that the medication may be administered by a school employee who is neither a registered nurse nor a licensed physician and who has not received any training in the administration of medication.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Shaded area MUST be completed by physician. If attaching a physician statement, this form must be signed by the physician and ALL information requested in the shaded area must be provided on the physician statement.**

_____ <b>Condition for which medication is requested</b>		
_____ <b>Medication and Dosage</b>		
Time given: _____	Date (to begin): _____	Date (to end): _____
_____ <b>Possible side effects / Emergency response</b>		
_____ <b>Physician's name, address, and phone number (please print)</b>		
<b>PHYSICIAN:</b> Please check the block below if it applies in this situation (intended only for inhalers, Epi-pens and other life-saving medications).		
<input type="checkbox"/> Student may carry and self-administer medication in school or on a school sponsored activity.		
<i>If the above box is checked, it is strongly recommended that an extra dose be given to the school nurse to be kept in school for emergencies.</i>		
_____ <b>Physician's signature</b>	_____ <b>Date</b>	

## PARENTAL PERMISSION, HOLD HARMLESS AND INDEMNIFICATION

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold the Freeport Area School District and any of its employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication by employees or agents of the Freeport Area School District.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

**FASD Medication Policy requires a parent or guardian to bring the medication to school in the original container or prescription bottle. Return this form to your student's School Nurse. No medications are permitted to be transported on the school bus. A second labeled prescription bottle can be obtained from your pharmacist.**