

Hampton Elementary School
206 5th Street
Hampton, Illinois 61256
(309)755-0693

REQUEST FOR THE ADMINISTRATION OF MEDICINE OR TREATMENT

The administration of medication is normally not a function of education, but if it does become necessary for a student to take medicine at school then these guidelines must be followed:

1. Provide the school with this medication form completed, signed and dated by the Physician and parent/guardian.
2. Provide the school with the labeled bottle from the pharmacy. (NON-prescription medication needs to be in the original container marked with the student's name).
3. Provide dosage and time for administration instructions.
4. Provide the school with any changes in dosages or discontinuation of medication.

Students name: _____

Diagnosis: _____

Medication and dosage instructions _____

Intended effect _____

May student self-administer medication under supervision of Health Service personnel or designate? (Please circle) Yes/ No

If YES, Administration instructions: _____

Physician's signature _____

Physician Phone # _____ Date _____

PARENT'S REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL

I hereby request and grant permission for Hampton School District and its school personnel to dispense medication or to administer prescribed treatments to my child, _____ according to _____ (Physician's name) instructions above. I further release and waive any claims against the school, its employees and agents arising out of the administration of said medication or treatments and agree to hold harmless and indemnify the school, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, cost, and expenses, including attorney's fees, resulting from or arising out of the administration of medication or treatments to my child by school personnel.

Parent/Guardian Sign _____ Date _____