



## ADMINISTRATION OF MEDICATION FORM

**To the Parent/Guardian:** All medications that are to be administered at school must be in the original, pharmacy labeled container. The pharmacy label shall include:

- Child's name and prescription number
- Medication name and dosage directions
- Date
- Doctor's name
- Pharmacy name, address, and phone number

This form must be completed and on file with the medication. Provide enough medication to remain at Bodine School to complete the prescription order. Medications will not be sent daily between home and school.

Student's Full Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_

Name of medication to be administered: \_\_\_\_\_

Dose that should be administered: \_\_\_\_\_

Time(s) this medication should be administered: \_\_\_\_\_

Date this medication should be discontinued: \_\_\_\_\_

Diagnosis for which this medication is given: \_\_\_\_\_

Special instructions for administering medication: \_\_\_\_\_

*The undersigned hereby certifies that the cooperation of the school personnel in assisting with this medication is necessary in order to permit the student to maintain regular school attendance. The undersigned agrees to release, indemnify and hold harmless Bodine School, its employees, or representatives from any claim, liability or expense arising out of or in any way connected with the giving or failure to give prescribed medicine to my child. This release and indemnity agreement includes claims based on alleged negligence on the part of Bodine School or its employees. In addition, I agree that it is my responsibility to inform Bodine School personnel, in writing, of any change in medication and/or its distribution to my child. The undersigned hereby certifies that he/she has full and complete authority to sign this form on behalf of this student.*

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Office Use Only

Amount of Medication Returned to Parent/Guardian: \_\_\_\_\_

Parent/Guardian Receiving Medication: \_\_\_\_\_ Date Returned: \_\_\_\_\_