



Lower
Kuskokwim
School
District

LOWER KUSKOKWIM SCHOOL DISTRICT
HEALTH SERVICES

REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION

School personnel may agree to honor parent requests for the administration of medication to students. Medication sent to school without a pharmacy or manufacturer's label will not be given. Medication must be in the original container indicating the following information: student name, dosage, physician, pharmacy, date issued, and prescription number. *This form or a written statement signed and dated by the physician supporting this request is required for all medication.*

PARENT STATEMENT

School: Mikolnguut Elitnaurviat (ME School)

I hereby request that _____ medication be given to my child, _____
I understand that the school is not legally obligated to administer medication to my child and, in the absence of the school nurse, other school personnel may administer medication. I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. I will notify the school immediately, if the medication is changed. I understand that this medication will be destroyed unless picked up by the end of the last student school day of this year.

Signature of Parent/Guardian _____ Date _____

Home Phone _____ Work/Emergency Phone _____

Name any other medications your child is taking _____

PHYSICIAN STATEMENT: This medication is required during school hours to improve or maintain the health of this student. The school personnel may contact me regarding this medication.

_____ must receive medication during school hours for the following:

Condition _____

Medication _____

Prescribed daily dosage _____

Time and dosage to be given in school _____

Beginning date of medication _____ Ending date _____

Possible side effects _____

Physician's Signature _____ Date _____

Print Name _____ Phone _____

Address _____