Authorization/Lawful Custodian Consent for Administering Medication (Use a separate authorization for each medication)

udent's Name:				
	Last			First
ate of Birth:	//	Grade:		
lergies:				
edication & Dosage:				
ereby acknowledge that nereby release s reliance on this permis	t I have read and	l understood the S S to indemnify, defer	chool Board Policies relation School and its employees find and hold them harmless	School. ng to the taking of medications at schoor rom any claims of liability connected with from any claim or liability connected with arding this medication with the license
Lawful Custoo	lian signature		Daytime Phone	Date
Medication			ensed Prescriber Only)	
Every D	ay at School		Episodic/Emergency events C	DNLY
Dosage (Amount)	Route	Form	Time(s) of Day	
Describe: B. Serious re			not given as prescribed: Yes_ edication may occur: Yes	
Special Handling Instru Asthmatic/Diabetic ON	ctions: Refrigerat	ion Kee	No (Drug i o out of sunlight onsible for self-administering this	Others medication:
YES – Superv	rised	YES – I	Unsupervised	NO
				NO
Licensed Prescriber's Sig	gnature:			_ Date: