



**TO BE COMPLETED BY PARENT OR GUARDIAN**

1. Please have an adult deliver the medication and completed form to the school.
2. After the date for discontinuance of medication specified by the physician, changes to or continuance of these arrangements must be secured by filling out a newly dated copy of this form. All medication requests must be renewed each school year if continuation of the medication is necessary.
3. Alternate procedure for emergencies in the absence of the nurse is as follows:

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4. I request that the school nurse or other person designated by the principal, administer the medication as directed by the physician on the front of this sheet. I agree to save and hold the district, its officers employee or agents, harmless from all liability suits or claims, of whatever nature or kind, which might arise as a result of administering the medication in accord with this request.

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**Parent's or Guardian's Signature**

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**Month Day Year**