

**HODGEMAN COUNTY, USD #227
GRADE SCHOOL
JETMORE, KS. 67854**

Request to administer medication during school attendance.

PRESCRIPTION

Name of Student: _____ Grade: _____

Prescribed Medication: _____

Time of day or schedule for medication: _____ Dosage: _____

Start date: _____ Expected days of use: _____

Reason for medication: _____

Possible side effects: _____

Physician's signature: _____ Date: _____

Physician's telephone number: _____

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The following to be completed by parents/guardian:

I hereby certify that my son or daughter, named above, has previously had at least one dose of the above medication and had no adverse reaction. I request that this medication be administered at school as directed above. I understand that it is my responsibility to furnish this medication.

I hereby authorize the Hodgeman County Grade School contracted nursing personnel to exchange information regarding this request or this prescription with _____, or with the physician or pharmacy as identified on the affixed label for purposes of clarification or risk assessment.

Signature _____ Date _____

Note: The medication must be brought to school in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication, the dosage, and the number of days to be administered. This request is valid for the current school year only.