

PHYSICIAN'S RECOMMENDATION FOR MEDICATION

This form is to be filled out and signed by a licensed physician. The form should then be signed by both parents or guardians if they are living with or have custody of the child, and returned to the school.

Pupil's Last Name	First	Middle	Age	Birth date
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The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendation as nearly as possible at school, just as does a parent at home or any other person (not necessarily a nurse) if the physician requests his assistance. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school, its officers, employees or agents harmless from all liability, suits, claims, of whatever nature or kind, which might arise out of these arrangement.

Do you wish this child to receive medication at school? Yes _____ No _____
 if yes, please fill in the following blanks:

Name of Medication	Form (tablet, pill capsule, etc.)	Amount to be taken	Time of administered Day by whom
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Precautions if any _____

How is medicine to be brought to school:

By whom? _____

How often (daily, weekly, etc.)? _____

In what kind of container (envelope, bottle, plastic container)? _____

Does the physician wish to be able to talk briefly by telephone with someone (teacher, director) at intervals (weekly, monthly, quarterly) to see how this child is faring? If so, indicate

person(s) _____ and intervals _____

You will be notified as to numbers and times at which the person(s) may usually be reached at school by telephone.

IMPORTANT: Please discontinue this request as of the following date.

_____ After this date, changes or continuance of these arrangements must be secured
 (date) by billing out a newly dated copy of this form.

Physician's signature	License #	Address	Telephone#	Date
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Parent's or guardian's full name	Address	Telephone#	Date
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Parent's or guardian's full name	Address	Telephone#	Date
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