

MARION SCHOOL DISTRICT 60-3	NEPN Code: JLCD-E
STUDENT POLICIES & REGULATIONS	

PARENT REQUEST FOR ASSISTANCE WITH MEDICATION

I authorize the Principal/designee of the Marion School District to assist my child,
 _____ Grade _____ with the following medication(s) as
 directed below:

DAILY MEDICATION

Medication	Dose	Time Given

AS NECESSARY MEDICATION

Medication	Dose

As is necessary to control _____
 (symptoms)
 but no more often than every _____ hours.

OTHER DIRECTIONS OR INSTRUCTIONS TO BE OBSERVED

The medication shall be provided in a bottle showing the name of the pharmacy, student's name, physician's name, and the **dosage** of the medication to be given. I will notify the school if the dosage changes and will bring a new prescription bottle within 24 hours.

I absolve the school personnel of all responsibility for any unforeseen development or reaction attributable to the administration of the above named medication. **It is the responsibility of the child to come to the office to take his/her medication.**

I understand that I am responsible to pick up unused medication on or before the last day of school or one week after the last dose is given. If the medication is not picked up, it will be destroyed.

 (Date of Authorization)

 (Parent/Guardian Signature)

