

**ADMINISTRATION OF PRESCRIPTION
DRUGS TO STUDENTS**

PARENTAL AUTHORIZATION

The undersigned are parent(s), guardian(s), or person(s) in charge of _____
_____ a student in the _____ year at the _____
_____ in the Eastern Brown School District.

It is necessary that _____ receive _____ a physician
prescribed drug, during school hours. The drug is to be administered at _____ dosage
and at _____ intervals, beginning on _____ and continuing through _____

I hereby request the Board of Education of the Eastern Brown School District, or its authorized
representative, to administer the above named drug to my child in accordance with prescribing
physician's instructions, and agree to:

1. Submit this request to the person authorized by the Board of Education to receive such request
2. Make certain the "Physician's Request for the Administration of Prescription Medication by School Personnel" is submitted to the person authorized by the Board of Education to receive such paper.
3. Make sure personally that the drug is received by the person authorized to administer it in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
4. Make sure personally that the container in which the drug is dispensed is marked with the drug name, dosage, interval or time, and date after which no administration should be given.
5. Submit a revised statement signed by the physician who prescribed the drug to the person designated by the Board of Education to receive requests for administration if any of the information provided by the physician changes.
6. Release the Board of Education of the Eastern Brown School District and their designated representative from any liability concerning the giving or non-giving of the drug to the student.

Date: _____

Name of Student _____

Parent/Guardian _____

Parent/Guardian _____