

This form is to be **kept with you** and sent to school when your child needs to be given prescription medication by the school staff. *A new form is needed for each new medication. There are extra forms available at the school office or online at www.rmlhs.org.*

AUTHORIZATION AND RELEASE FOR SCHOOL PERSONNEL TO ADMINISTER PRESCRIPTION MEDICATION

This section must be completed each time any new or existing illness or injury occurs during the school year that requires the dispensing of any prescription medication by school personnel:

Student name _____ Class _____

Describe illness, condition, or injury requiring medication:

Name of medication prescribed: _____

Instructions for administration of medication:

Number of days medication needs to be administered at school: _____

Possible side effects: _____

Physician _____ Date _____

All doctor-prescribed medication must be in original prescription container with the pharmacist's label intact.

I hereby request and give my permission to the employees and agents of Rocky Mountain Lutheran High School to administer the medication as fully described above. Further, I hereby agree to release and indemnify Rocky Mountain Lutheran High School and its employees and agents from any and all claims or other liability relating to any injuries or damages to my child as a result of actions or failure to act regarding the specific illness, condition, or injury including any form of negligence.

Parent/Guardian Signature _____

Date _____