

Dufur School District 29

Code: JHCD-AR(2)
Revised/Reviewed: 9/03/96; 3/03/14
Orig. Code(s): JHCD-AR

Medication Assistance**

Dear Parent:

Medical treatment is the responsibility of the parent and the healthcare provider. Administering medications is a service the school is not legally required to perform. However, when it is absolutely required that a medication be taken at school by a student, this form, with specific instructions from the health care provider and the parent's signature, is required.

Parent Request:

Student's name: Date of birth:
School: Teacher:

It is understood that the school is not legally obligated to assist in administering medication to my child. Therefore, I agree to hold the district and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered, and to indemnify each of them against loss by reasons of any civil judgment arising out of these arrangements which may be rendered against them.

I will notify the school immediately if we change healthcare providers or if the medication is changed or stopped.

I request that the school staff assist my child in the administration of medication in accordance with our healthcare provider's written instructions and/or my demonstration of proper procedure.

Diagnoses (reason for medication):

Medication prescribed:

Dosage: Time:

Possible reaction to medication:

Disposition of student following administration of medication (rest, health room, home, hospital, return to class):

Date to discontinue medication:

Parent's signature required for all medications. Medication must be supplied in the original pharmacy container.

Parent's signature: Date:

Healthcare provider's signature/title:

Address: Date:

Phone:

In consideration of the district agreeing to administer medication to the above named child, I hereby release and discharge the district, its agents, employees and officers from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have, or which the undersigned heirs, executors, administrators or assigns may have, or claim to have, known or unknown, and injuries to property, real or personal, caused by or arising out of, administration of medication. I hereby request that the district, through its employees and agents, administer medication as outlined in the accompanying letter or by directions on the original container. I, the undersigned, have read this release and consent, and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Parent: Date: