

Medication Administration Request Parental Permission Form

Culbertson Public School District

Culbertson Schools encourage Parents to administer medication outside of the school day. However, there are some students that may require medication during class time. We would like to limit these medication requests to a minimum please.

Student: _____ DOB: ____ / ____ / ____

Diagnosis of Illness or Condition: _____

Medication and Dosage: _____

Time Intervals: _____

Duration of Medication: _____

Method of Administering: _____

Possible Side Effects: _____

Special Instructions: _____

Physician's Signature: _____

We hereby release Culbertson School District, their agents and employees, from any and all liability, and hold them harmless in consideration of their efforts while administering medication as per our request.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____