

East Kingston Elementary School
Steven Tullar, Principal 5 Andrews Lane Rebecca Fournier, RN
East Kingston, NH 03827
603-642-3511

PERMISSION FOR DISPENSING MEDICATIONS IN SCHOOL

My child, _____ is required by Provider _____, the prescribing provider, to take the following medication during school time:

Medication: _____
Dosage: _____
Route of Administration: _____
Frequency or Time Schedule: _____

Reason for taking medication: _____

Possible adverse reactions: _____

Other medication(s) student is taking at this time: _____

IN THE EVENT OF AN EMERGENCY:

Doctor's phone: _____ Parent's Phone: _____

Other Emergency Numbers: _____

We, the parents, authorize the school nurse or any other member of the staff designated by the building principal to assist* our child in taking the above medication during school or on a field trip. Any pupil in grades K-12 must be assisted by such persons, and the medication, therefore, shall be in the custody of such persons. If the medication is an **emergency medication** that must be carried by the student, a written permission form must be in the nurse's office. The nurse and the school principal must give sanction for this medication to be carried by the student.

I, parent or guardian, agrees by signing this request form to the HOLD HARMLESS Statement as follows: I agree that I will not hold liable any member of the school staff who is directed by me to assist my child in taking the above stated medication.

** Assist means having the required medication available to the child as needed and observing the student as he/she takes or does not take his/her medication.*

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____