



## Prescription & Non-Prescription Medication Administration Form

### Procedure for administration of medication to a student during school hours:

1. The parent must bring the medication to the school office. Medications are **not** to be left in the classroom, on the teacher's desk, in the student's lunch box, or in a backpack.
2. The medication must be accompanied by the Parent's Request for Administration of Medication/Release of Liability, signed by the student's parent or guardian.
3. The medication must be in the original container/packaging, including the pharmacist's/manufacturer's administration instructions.

### Parent's Request for Administration of Medication

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, grade \_\_\_\_\_, hereby request that Linton Hall School personnel administer the following medication to my child:

**Name of Medication:** \_\_\_\_\_

**Dosage to be Administered / Number of Tablets:** \_\_\_\_\_

**Duration of Treatment (Dates):** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

I understand that the person administering this medication or treatment may or may not be trained or experienced in the administration of medications. I knowingly consent to these procedures and request that the medication be administered.

### Release of Liability / Hold Harmless

In consideration of Linton Hall School administering the above requested medication to my child \_\_\_\_\_, I hereby acknowledge that the school, its faculty and staff are not responsible for reactions to the medication, an improper dosage in the medication, etc., and will only be responsible for injuries relating to negligent physical administration of the medication.

\_\_\_\_\_  
Signature Parent / Guardian

\_\_\_\_\_  
Date