



Coon Rapids-Bayard Community Schools Student Medication Permission Form

Coon Rapids-Bayard School policy requires parental consent before administering any prescription or over-the-counter medications to students. Medications should only be administered at school when specifically prescribed by a provider to be given during school hours (with lunch, or 4+ times daily) otherwise, it is best for all medications to be kept and given at home if at all possible.

Parents: Please fill out and return this form whenever you send any medication to school with your child. The medication must be in its original, labeled container.

Student's Name: _____ Date of Birth: _____
Grade Level: _____ Parent(s) Name: _____
Best Daytime Contact Number: _____

I request that the student above be given the following medication(s) at school, according to prescription or nonprescription directions and school policy. I can assure that the student has had at least one dose of the medication(s) at home and has not experienced any ill side effects from the medication(s). I agree that any school personnel may contact the prescriber or dispenser as needed and medication information may be shared with school personnel as needed to ensure safe and effective administration of the medication(s).

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>TIME</u>	<u>DURATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special administration instructions or Notes for the nurse:

I understand that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as a reasonably prudent person would under the same or similar conditions. I agree to notify the school, in writing, of any changes in medication orders. I further agree to provide safe delivery of medication and equipment to and from the school and to pick up any remaining medication and equipment in a timely manner.

Parent Signature

Date