



# JOHNSONBURG AREA ELEMENTARY SCHOOL

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## PERMISSION TO ADMINISTER MEDICATIONS

ONLY when absolutely necessary, the Johnsonburg Area School District will administer prescribed medication(s) during school hours. To protect your child and other students, this permission and information form must be completed and returned to school if your child must receive a prescribed medication during the school day.

Medication(s) must be sent to school in the original container from the pharmacy, with the prescription labeled by a pharmacist/physician. Please do not send unlabeled bottles to school.

\*\*Any changes in the type of dosage of medication(s) must be reported to the school nurse immediately.

I give permission for the school nurse or other designated person to give the following prescribed medication(s) to my child during school hours.

Student: \_\_\_\_\_ HR: \_\_\_\_\_

Name & number of medication (as shown on label): \_\_\_\_\_

\_\_\_\_\_

Dosage: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Name & address of prescribing physician: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

As parent/guardian of \_\_\_\_\_, we hereby release the Johnsonburg Area School District and all its employees from any and all liability for any damages our child may suffer as a result of this request.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)