

When these are my responsibility to notify the school and when these orders change. I understand it is my responsibility to notify the school of any change in the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonable prudent person would under the same or similar circumstances.

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Please print parent's name: \_\_\_\_\_

I understand that the school is not responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or treatment at school is the responsibility of the parent. I understand that if the child is unable to attend school the medication or treatment so would jeopardize the health of the student, the student would not be able to benefit from his/her medication or treatment were not made available during school hours, or if the child is disabled and requires medication to be administered during school hours, the medication must be provided in original containers with original pharmacy labels.

Prescription medications given at school must be provided in original containers with original pharmacy labels.

Over-the-counter medications, including herbal remedies, and the administration of such medications must be received in the original container and labeled with the student's name and photograph, if possible.

Side effects or complications which may result from taking the medication. School personnel should be informed of any side effects or complication which may result from taking the medication.

Parents are responsible for seeing that adequate supplies of the medication are provided for the school.