

PART A – PHYSICIAN'S NOTE

I certify that in my opinion it is medically necessary that the medication prescribed below be administered to _____ during school hours and that this medication may be administered by school personnel.

Prescription Medication: _____

Over the Counter Medication: _____

Dosage & Time: _____

Duration: _____

Condition Prescribed for: _____

_____, M.D.

_____, Date

PART B – PARENT'S NOTE

I, _____, the parent or guardian of _____, request that the School Nurse or principal designee administer the medication prescribed above to my child during school hours. I understand that the person (principal's designee) may be a non-medical person giving medications, and I agree that I shall not hold such persons or the School Board of New Kent liable in any way for any harm or injury resulting from administration of such medication. I also agree to furnish said medication in the bottle supplied by the drug store with the label intact. I also give consent for medication verification, when necessary, with child's doctor and/or pharmacist.

Signature of Parent or Guardian

Date

PART A – PHYSICIAN'S NOTE

I certify that in my opinion it is medically necessary that the medication prescribed below be administered to _____ during school hours and that this medication may be administered by school personnel.

Prescription Medication: _____

Over the Counter Medication: _____

Dosage & Time: _____

Duration: _____

Condition Prescribed for: _____

_____, M.D.

_____, Date

PART B – PARENT'S NOTE

I, _____, the parent or guardian of _____, request that the School Nurse or principal designee administer the medication prescribed above to my child during school hours. I understand that the person (principal's designee) may be a non-medical person giving medications, and I agree that I shall not hold such persons or the School Board of New Kent liable in any way for any harm or injury resulting from administration of such medication. I also agree to furnish said medication in the bottle supplied by the drug store with the label intact. I also give consent for medication verification, when necessary, with child's doctor and/or pharmacist.

Signature of Parent or Guardian

Date