



**SCHOOL HEALTH SERVICES**

- INHALERS or EMERGENCY MEDICATIONS

*Parental Permission Form*

All medicine must be in original container labeled with:

1. Name of child
2. Amount of medications to be taken
3. Time medication is to be taken

<b>INHALER OR EMERGENCY PRESCRIPTION MEDICATION</b>		
Student Name:	Age:	Grade:
Medication:	Dosage:	Time:
Reason for Medication:		
Side Effects:		
Prescribed by Physician/Dentist Name: Phone:		
List all other medication your child is currently taking:		
<p>I hereby agree that the above medication be administered to my child as ordered by his/her health care provider. I agree with the intent to be legally bound hereby, to hold The Discovery School and any of its employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication to my child by employees or agents of The Discovery School.</p> <p>Parent/Guardian Signature _____ Date _____</p> <p>Home Phone: (    ) _____ Work Phone: (    ) _____</p>		

**Note: A written statement must be provided from the health care provider that lists the name of the drug, dosage, times when the medication is to be taken and the reason the medication is to be taken.**

**The health care provider must indicate via written statement, if the student is capable of self-administering the medication.**