

A. Crosby Kennett Middle School

176 Main Street
Conway, New Hampshire 03818
603-447-6364
Fax 603-447-6842

Jocelyn Judge, Principal

Alison Janowicz, Guidance Counselor

PERMISSION FOR PRESCRIPTION MEDICATION IN SCHOOL

Student Name: _____ DOB: _____ Grade: _____ Date: _____

Diagnosis: _____

Medication Prescribed: _____

Dosage, route, times of administration, and duration of treatment: _____

Specific Recommendations for administration: _____

Side effects to be noted: _____

Physician name and contact telephone number (please print)

Physician Signature

I authorize the school to assist my child in taking medication during school hours and agree that I will not hold liable any member of the school staff or an individual of official capacity who is directed by me and/or the school administrator to assist my child in taking said medication.

Signature of parent or guardian

Date