

# A. Crosby Kennett Middle School

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

Kevin Richard, Principal

Elizabeth Pratt, Guidance Counselor

## **PERMISSION FOR PRESCRIPTION MEDICATION IN SCHOOL**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

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**

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