



MEDICATION ADMINISTRATION REQUEST AND CONSENT FORM

Hartfield Academy administration or their designee may administer prescription medicine to students in their charge only under the following conditions:

- ❖ Parents must complete this form requesting that such service be provided
- ❖ Medication must be in its original container with the information label attached
- ❖ All medication must be delivered directly to Hartfield administration or personnel by a parent or legal guardian. Medications cannot be kept in the student's lunch box or person
- ❖ A measuring spoon must accompany any liquid sent to the school so the exact dosage can be measured

Please return the following form if you would like to request that medicine be administered to your child at school. **No medication will be dispensed unless this form is fully completed.**

Student Name: _____ Teacher _____

Written Request of Parent of Legal Guardian (Please state why your child requires this medication and why you are requesting that Hartfield administer the medication, you can add a typed detailed instruction/information).

Name of Medicine: _____

Type of Medicine: _____

Prescribing Physician's signature: _____

Dosage Instructions/Directions for Administering Medication (how much, time, need for refrigeration, etc.)

Release Waiver

I release Hartfield Academy and faculty/staff of any and all liability associated with this request.

Print Name

Parent/legal guardian signature