



Prescription 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 on their person

No medication will be dispensed unless this form is fully complete and signed by the prescribing physician

Student name: _____ Grade _____

Please state why your child requires this medication and why you are requesting that Hartfield personnel administer the medication. _____

Name of medicine: _____

Type of medicine: _____

Prescribing Physician's Signature: _____

Dosage Instructions/Directions for administering medication (How much, time needed, need for refrigeration, etc.) _____

Release Waiver

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

Printed Name

Signature