

PHILOMATH SCHOOL DISTRICT 17J

Medication at School

(Student's Name)

Name of medication: _____

Dosage: _____

How to be taken/administered: _____

Frequency of Administration: _____

Parents are responsible for supplying any medications

I have read the Philomath School District 17J policy on administering noninjectable medicines to students. I hereby agree to hold the Philomath School District, its agents and employees, harmless for any and all liability known, or unknown, that may arise out of the use and/or taking of said medication.

Parent Signature

Date

Date Medication Started

Date Medication Discontinued

Medication Released to:

Date	Time	Dosage	Initials

Date	Time	Dosage	Initials