

**WINDHAM SCHOOL DISTRICT**  
Windham, NH 03087

**PARENT'S CONSENT FOR GIVING PRESCRIPTION MEDICATION AT SCHOOL**

My child, \_\_\_\_\_, a student at Windham Center School in Grade \_\_\_\_\_, requires medication during the school day as prescribed by his/her physician. I hereby request that the school nurse, or another staff member designated by the principal, keep the medicine in his/her custody and assist my child in taking the same in accordance with the physician's directions specified herein and with the requirements of relevant State Board of Education Regulations.

In making this request, we the parents agree that we will not hold liable the Windham School District or any member of the school staff whose duty it is to assist our child in taking medicine and further we agree to hold harmless and indemnify the Windham School District and any such member of the school staff for any and all losses that may be occasioned as the result of assisting our child in taking such medication. We also give the school nurse permission to confer with the physician, if necessary.

\*Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

or

\*Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

The above named child, \_\_\_\_\_, requires medication during the school day as follows:

1. Identification of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Route: \_\_\_\_\_  
Time schedule to be observed: \_\_\_\_\_
  
2. Identification of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Route: \_\_\_\_\_  
Time schedule to be observed: \_\_\_\_\_

**All medications must be provided in original pharmacy container.**

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This order is effective until: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_  
Telephone: \_\_\_\_\_