



# REQUEST FOR ADMINISTERING MEDICATION TO STUDENTS AND WAIVER AND INDEMNIFICATION

1. The student's physician shall provide a written request that the student be given medication by a sponsor during the trip. The request shall state the name of the student, name of drug, dosage, frequency of administration, route of administration, and the name of the physician. The diagnosis/indication for use of the medicine shall be provided. When possible, the physician should state adverse effects and applicable emergency instructions. A parent/guardian shall provide a written request that Rockwood School District comply with the physician's request to give medication.

In lieu of the physician's written request, the District will accept a prescription label properly affixed to the medication in question. Said label must contain the name of the student, name of the drug, dosage, frequency of the administration, route of administration, and the name of physician. Along with the labeled medication, a parent/guardian shall provide a written request that Rockwood School District comply with the physician's request to give medication.

All controlled medications (typically those for ADHD and prescription pain medications) **MUST** be in the possession of and administered by the sponsor. Students may not carry or self-administer these drugs.

2. Students in grades nine through twelve may carry their own medication and consume or apply this medication as directed by their physician. This medication must be in its original container. A self-administration waiver must be on file with one copy given to the sponsor and another copy on file in the principal's office with a parent and physician signature. The directives of this Act will be given to each parent/guardian who requests permission for his/her child to carry and self-administer such medication, and are enumerated in the guidelines under Administrative Regulation 2870 "Administering Medicines to Students" Appendix A.

- I request that (student's name) \_\_\_\_\_ be allowed to take the following prescription medication while on the trip. (Sponsor administered)
- I request that (student's name) \_\_\_\_\_ be allowed to take the following over the counter medication while on the trip. (Sponsor administered)
- I request that (student's name) \_\_\_\_\_ be allowed to carry with him/her for **self-administration** the following medication.

I am sending it in its original labeled container. ( Prescription) ( Over the Counter)

The undersigned agrees that neither the district, its directors, officers, administrators, employees or other agents shall incur any liability as a result of any injury arising from the administration or self-administration of such medication, and the undersigned hereby acknowledges that no such liability shall exist, and on behalf of themselves and the student hereby waive any such liability. Furthermore, the undersigned hereby agrees to indemnify and hold the district, its directors, officers, administrators, employees or other agents harmless against any claims whatsoever arising out of the administration or self-administration of the medication.

Reason for Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Frequency/Time: \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_