

**PARENTAL REQUEST FOR DISPENSING DRUGS OR MEDICATION
BY SCHOOL PERSONNEL**

The undersigned parent(s) or legal guardian(s) of _____,
Name of Student
a student at Jonesport-Beals High School, Jonesport, Maine, hereby request and authorize
the administration of a drug, medication or substance known as _____
Name of Medication to said child with instructions
given by the family physician and hereto attached in the Physician's Request to Administer
Medication in School (JLCD-E4).

The undersigned represent and acknowledge that said child requires the administration of the
specific drug, medication or substance in accordance with the instruction of the physician as
attached, and that said child may suffer a serious detriment if the same is not so administered.

The undersigned represent that he/she understands that school employees are not medically
trained personnel and that a school nurse is not available to give personal nursing attention at all
times during the school day. With full knowledge of this, I hereby request and give my consent
to have the drug, medication or substance specified above, administered by the school nurse or
by another person designated by the school principal to administer drugs and medications to my
child in accordance with the instructions of the physician as attached.

The undersigned agrees to the following conditions:

- (1) The school will be supplied with medication to be transported by the parent if
more than one (1) day's dose is required.
- (2) The child will be checked by his/her physician at least once annually.
- (3) The physician signing the accompanying request and certification will renew
his request in writing every school year, should the need continue.
- (4) School personnel (principal/school nurse/designated person) will be notified
immediately of any changes in the child's condition or changes in schedule or
medication.

PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE(S):

Signature(s) Date

Address

DATE ADOPTED: July 1, 2003
DATE REVISED: October 20, 2005