THE Hillside SCHOOL

MEDICATION ORDERS (IN SCHOOL)

Child's Name: _____ DOB: _____

Medication prescribed by an authorized health care practitioner must be accompanied by this form, signed by the parent and prescriber, and returned to the Office.

If this form does not apply to your child, it still must be signed and dated on the back and returned to the Office.

1. Medication _____
   Dosage _____
   Possible side-effects _____
   Time of administration_____
   Diagnosis_____

2. Medication _____
   Dosage _____
   Possible side-effects _____
   Time of administration_____
   Diagnosis_____

3. Medication _____
   Dosage _____
   Possible side-effects _____
   Time of administration_____
   Diagnosis_____

4. Medication _____
   Dosage _____
   Possible side-effects _____
   Time of administration_____
   Diagnosis_____

(Complete other side) ➡

Any medication given in school must be accompanied by this form and/or notes from both the student's parent/guardian and physician. All medications, **including OTC**, must be brought to school in the **original container** and properly labeled with the number of pills or amount of liquid to be given. All medications will be supervised by PA. Reg. Licensed Nurse (RN) and dispensed by school personnel.

- **Do not send** any medications of any kind to school with your child. Parent **must bring it to the office.**

- **If dosages need to be changed at any time during the school year, a new medication form must be completed.**

I do hereby release, discharge and hold harmless The Hillside School, its administrators, agents and employees, from any and all liability and claim whatsoever in any way related to the administration of the above medication to my child should there develop a reaction from the medication.

I have read and agree to the above medication policy:

_____ **Please check (✓) if this form does not apply to your child, then sign and return it.**

Signature of Physician	Date
Signature of Parent/Guardian	Date