
P _____ at school.

If the school nurse, other school personnel will administer

school district employees harmless from any liability for the manner, in which it is administered, and to defend and its employees for any liability arising out of these

any if the medication is changed and understand that the provider or pharmacist regarding this medication.
will be destroyed unless picked up by the end of the last

_____ student school day of the year.

Medication _____ Dose _____
Time/dosage to be given _____
Begin Date _____ End Date _____
Possible Side Effects _____
Healthcare Provider _____ Phone _____

As parent/guardian of the above named student, I request the Anchorage School District to give medication to my child.

X _____
Parent/Guardian Signature

DATE	TIME	INITIALS

Date _____ Phone _____

School Nurse Signature

Phone _____ Fax _____