

**Pelham School District
Pelham N H
Parent's Request For Giving Medicine At School**

My Child, _____, a student of Pelham Memorial School in Grade _____, requires medication during the school day as prescribed by her/his physician. I hereby request that the school nurse, or some other 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 Pelham School District or any member of the school staff whose duty it is to assist our child in taking oral medicine and further we agree to hold harmless and indemnify the Pelham 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 oral medicine, **WHICH ARE IN THE ORIGINAL PHARMACY CONTAINER**. This includes injectable emergency medication. I also give the school nurse or Principal permission to confer with the physician, if necessary.

Date: _____ *Signature of Father or Guardian _____

Date: _____ *Signature of Mother or Guardian _____

- If only one parent has legal custody of children and / or parent is deceased, explanation should be on back.

Physician's Statement

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

1. Identification of medication: _____

Dosage: _____

Method of taking: _____

Time Schedule to be observed: _____

2. Identification of medication: _____

Dosage: _____

Method of taking: _____

Time Schedule to be observed: _____

This order is effective until _____

Date: _____ Signature of Physician: _____

Telephone # _____