

**USD 440 Halstead/Bentley
Leta Thomas, R.N.
School Nurse**

Halstead High School
316-835-2682, ext 2308
Fax: 316-835-3673

Halstead Middle School
316-835-2694, ext 2207
Fax: 316-835-2469

Bentley Primary School
316-796-0210, ext 2120
Fax: 316-796-9958

Request for Prescription Medication
(to be administered during school attendance)

Top Portion to be completed by Physician only

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____

Date Medication started _____ Dosage _____

Time of day medication is to be given _____

Anticipated number of days to be administered at School _____

Possible side effects _____

Date

Signature of Physician

I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug. We have given at least one dose at home and observed for side effects.

Date

Signature of Parent of Guardian

NOTE: The medication is to be brought to school by the parent in the original container appropriately labeled by the pharmacy, or physician stating the name of the medication, the dosage and how it is to be administered.