

Mercer County Special Services School District
Joseph Cappello School- (609) 588-8485 Fax# (609) 588-8474
Mercer Elementary School-(609) 570-1120 Fax# (609) 570-1132
Mercer High School- (609) 588-8450 Fax# (609) 631-2136
SCHOOL YEAR 20__ -20__

I request permission for my child, _____,
(Child's Name) (DOB)

a student at Mercer County Special Services School District, to be given medication at school during school hours, and in so doing, release the school nurses and physicians and the Mercer County Special Services School District of responsibility for any untoward reaction(s) my child may incur as a result of taking said medication. I have obtained the following instructions from my child's doctor **(to be completed and signed by health care provider):**

1. Diagnosis

2. Name of Medication(s) Dosage Time taken during school

4. Possible side effects of the medication(s):

5. When the morning dose (at home) is omitted, the medication may be given at school upon parental request:

Yes _____ No _____

6. On days when field trips are taken, medication may be given to child upon return to school

Yes _____ No _____

7. Beginning date is July 1, 20__ Last date June 30, 20__

Health Care Provider's signature

Health Care Provider's printed name or stamp

date

Parent signature REQUIRED

Date

MEDICATION MUST BE BROUGHT TO SCHOOL IN ORIGINAL LABELED BOTTLE BY PARENT OR GUARDIAN.