

GUNNISON WATERSHED SCHOOL DISTRICT RE - IJ
PERMISSION FOR NON-PRESCRIPTION MEDICATION

Name of student: _____

School: _____

Teacher: _____

Medication: _____ Dosage _____

Purpose of Medication _____

Anticipated number of days it needs to be given at school _____

I request to have the above medication administered at school. I agree to release the Gunnison Watershed REIJ School District and its personnel from any legal claim arising out of side effects or other medical consequences of the medication.

I hereby give my permission for _____ (student) to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Date: _____

Signature of Parent/Guardian

Note: The medication is to be brought to school in original packaging.