

Shelley School District #60

Medication Log Form- Board Policy 3510

Student Name:	
Student Date of Birth:	
Parent/Guardian Name:	
Telephone #1 :	
Telephone #2:	
<p>I give my permission for my child to self-administer the medication described below. I shall indemnify and hold harmless the District and its employees or agents for legal fees, costs, and any potential damages concerning self-administration of this medication arising out of any claims brought by the above named child or anyone else.</p>	
Parent/Guardian's Signature:	
Date:	

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The following is to be completed by the physician

I am recommending that the above named student be allowed to self-administer the following medication.	
Name and purpose of Medication:	
Identification of Chronic Medical Problem:	
Prescribed dosage to be taken:	
Length of time medication must be taken:	
Possible side-effects or special precautions:	
<p><i>Conditions under which self-medication will take place:</i></p> <p><input type="checkbox"/> Independently (Child must have had training and be proficient in self-administering medication) Trainers's Name: _____ Date of Training: _____</p> <p><input type="checkbox"/> Under the supervision of adult Mediation should be “ stored in the school office / “in possession of the student” (<i>Circle one</i>)</p>	

Physicians Name:	
Physician's Signatur:e	
Date:	