

**BERKSHIRE LOCAL SCHOOLS**  
**Request for Administration of Non-Prescription Medication at School by**  
**School Personnel**

To: \_\_\_\_\_, Principal, \_\_\_\_\_ School

Re: Student Name \_\_\_\_\_ Grade \_\_\_\_\_

We (I), the undersigned, with the complete understanding that school personnel are not legally obligated to administer medication to at school, request the administration of medication during the 20\_\_\_\_ - 20\_\_\_\_ school year to this student.

We (I), as parents or legal guardians expressly assume liability and agree to indemnify and hold harmless the Berkshire Local Schools, its employees, servants and agents from all liabilities, claims, demands and actions by said student or any person on behalf of said student for any injuries that may have been caused, or alleged to have been caused, directly or indirectly, or by any act of omission or commission, negligent or otherwise, by the Berkshire Local schools, Its employees, servants and agents in connection with the administration of the medication herein requested.

We (I), shall be responsible to notify the school immediately if the medication is terminated for any reason, or treatment of the illness changes. We understand that medication must be in its original container and stored in the school office.

Signature of Custodial Parent/ Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Call Parent For: \_\_\_\_\_

02/04