

AVON HIGH SCHOOL
Prescription Form

Parent Consent and Physician Order for Medication to be administered during camp and trips

Student: _____ Date of Birth: _____ Age: _____
Address: _____ Phone: _____

Physician's Order

Student's Name: _____ Date: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____ Time(s) Given: _____

Start Date: _____ End Date: _____

Possible Adverse Reactions: _____

Special Instructions (including administration, sterile conditions, storage, etc.):

Physician's Name: _____ Signature: _____

Address: _____ Phone: _____

Parent/Guardian Consent

I give permission for my child _____ to receive the above mentioned medication at school according to the school policy and as instructed by the physician and agree to the following terms:

- Assume responsibility for transportation of the medication to and from school grounds as needed
- File a new authorization form completed if any information changes
- Medication must be kept in its original container it was received in from the physician, pharmacist, or in the case of over the counter drugs – its original packaging
- Further, I hereby release from liability, and in addition agree to indemnify all school employees and the Board of Education for damages or injury resulting from the use, misuse, non-use of such medication except if such Board or its employees are grossly negligent or engaged in wanton or reckless misconduct.

Parent/Guardian: _____ Signature: _____

Date: _____