

School DeLand-Weldon Elementary School

To the Physician:

When it is necessary for a student to self-administer medication during the school day, the following directions to the school personnel from the physician are required:

\_\_\_\_\_ should take \_\_\_\_\_  
(name of student) (address) (dosage)  
of \_\_\_\_\_ at \_\_\_\_\_ for  
(name of medication) (time of day or special circumstances)  
\_\_\_\_\_  
(period of time)

The disease or illness is: \_\_\_\_\_

The desired benefits are: \_\_\_\_\_

The drug side effects are: \_\_\_\_\_

Signed \_\_\_\_\_  
(physician's signature)

Date \_\_\_\_\_

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To the Parent or Guardian:

I hereby give permission for \_\_\_\_\_ to take the medication stated  
(name of student)  
above as prescribed by the physician. DeLand-Weldon is not liable for any injury arising from the self-administration of medication by the pupil. Parents or guardians will indemnify and hold harmless DeLand-Weldon Community Unit School District #57 and its employees and agents against any claims arising out of the self-administration of medication by the pupil.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian's signature)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(telephone)