

# EXHIBIT

2003

Students

## REQUEST FOR CHILD TO TAKE MEDICATION IN SCHOOL

New York State Law requires a written request from the physician in which he/she indicates the frequency and dosage of a prescribed medication and a written request from the parent to administer the medication. The medication should be delivered to the school nurse in its original container.

I \_\_\_\_\_ hereby request my child \_\_\_\_\_, be given the  
(Print parent/guardian's name) (name of student)

medication prescribed by \_\_\_\_\_ at \_\_\_\_\_.  
(physician's name) (time)

In cases of continued medication, this medication is to be administered every school day during the present school year, or until terminated by written notice.

I hereby release the designated school personnel and the Board of Education from any liability relative to the administration and/or reaction of the medication on the above-named student.

Date: \_\_\_\_\_ Signature of parent: \_\_\_\_\_

Physician prescription attached or following completed:

Name of Child \_\_\_\_\_ Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Side effects of medication \_\_\_\_\_

Action to be taken if drug intoxication is suspected \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Physician \_\_\_\_\_

Telephone Number \_\_\_\_\_

Adoption date: July 2003