

Authorization to Administer Prescription Medication

Before any prescription medication can be administered to any student during school hours, the following authorization needs to be completed and signed by the prescribing physician and the student's parent/guardian. *The medication must be brought to school in the prescription container and must be labeled with the student's name, physician's name, and directions for administering the medication.*

Only one medication per form.

Student _____ **Grade** _____ **Age** _____

PHYSICIAN'S DIRECTIONS:

Medication to be given _____

Dosage _____ Route _____ Time _____

Starting date _____ Termination date _____

Purpose of medication _____

Possible side effects / observations to note _____

Physician requests comments from school? Yes _____ No _____

This medication may be safely given by an unlicensed individual who has demonstrated competency in medication provision.

Physician Signature _____ Phone _____ Date _____

PARENTAL PERMISSION:

I request the student above to receive the medication as ordered by the physician while in school and school related activities. I understand it is my responsibility to furnish the medication in the original container or prescription bottle appropriately labeled by the pharmacy or physician stating name of medication, dosage and instructions. I accept the responsibility of monitoring the action and side effects of the medication and ask that I be notified if the following occurs:

Parent/Guardian Signature _____ Date _____

Phone _____ (home) _____ (work) _____ (other)

The district reserves the right to review and decline requests to administer or provide medications that are not consistent with standard pharmacological references, are prescribed in doses that exceed those recommended in standard pharmacological references, or that could be taken in a manner that would eliminate the need for giving them during school hours. The district may request parental authorization to consult with the student's physician regarding any medication prescribed by such physician.

Authorization to Administer Non-Prescription (OTC) Medication

Before any non-prescription medication can be administered to any student during school hours, the following authorization needs to be completed and signed by the student's parent/guardian. If you would like the OTC medication administered more frequently or on a regular schedule, please complete an "Authorization to Administer Prescription Medication" form. *The medication must be brought to the school in the manufacturer's container, and the container must be labeled with the student's name and with directions for administering the medication.*

Only one medication per form.

Student _____ **Grade** _____ **Age** _____

Weight (if required for dose) _____

Medication name _____ Exact Dose _____

Condition(s) for use (such as headache) _____

Does medication need to be taken with food? Yes _____ No _____

Other directions _____

My child may determine when this OTC medication is needed. Yes _____ No _____

*If answer is NO, staff will call you before dispensing.

My child would know to wait 4-6 hours before requesting this OTC medication if taken at home before school. Yes _____ No _____

*If answer is NO, staff will call you before dispensing.

Do you want to be called when this medication is dispensed to your student? Yes _____ No _____

Other times to call or special instructions? _____

PARENTAL PERMISSION:

I give my permission for the above named medication (supplied by me) to be given by school staff as directed on this form.

Parent/Guardian Signature _____ Date _____

Phone _____ (home) _____ (work) _____ (other)