

**Authorization for the Administration of Medication at School**

This authorization will be valid from the date listed below, until September 30<sup>th</sup> of the following academic year (not to exceed 12 months).

**PARENT PERMISSION**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
School

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s)

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s)

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s)

This student is also taking the following medication(s) ~ please write dosages & time(s) taken: \_\_\_\_\_

I hereby give permission to the school nurse, or authorized school personnel, to administer the medication(s) identified above to the above-named student.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work or Mobile Phone #

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**PHYSICIAN'S ORDERS**

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s)

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s)

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s)

\_\_\_\_\_  
Duration of Use

\_\_\_\_\_  
Condition Requiring Medication

\_\_\_\_\_  
Possible Side Effects

I hereby request that the school nurse, or authorized personnel, administer the medication(s) identified above, as it is medically necessary to do so during school hours.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

## **Authorization for the Administration of Medication at School ~ Part II**

Whenever possible, the parent or guardian should make arrangements for medication to be administered at home, before and/or after school hours. In situations when a student's health could be compromised by not receiving medication during school hours, school district policy and procedures must be followed for administering all medications. These are as follows:

1. Medication is defined as prescription or non-prescription (over the counter) drugs.
2. Medication will not be administered at school without proper consent, that being - a written physician's order and parent/guardian permission.
3. Prescription medication must be in a pharmacy or physician labeled container. Over the counter medications must be brought in with the original manufacturer's label, clearly marked with the student's name.
4. It is the parent's/guardian's responsibility to assure that the medication is brought to school by a responsible person.
5. All medications, which are taken during school hours, will be kept in the nurse's office. It is the responsibility of the student to report to the nurse's office at the proper time to receive his/her medication.
6. The parent/guardian must assume responsibility for informing the school (in writing) of any change in the student's health, or change in medication. Physician's orders must accompany any medication change.
7. The school retains the right to reject requests for administration of medication if all of the information on the Authorization Form (over) is not completed.