



# Medication Authorization Form

Year \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

**\*Diagnosis for Medication:\*** \_\_\_\_\_

Medication Name	Dose	Time To Be Given	Route	Side Effects	Adverse Reactions

**Start Date:** \_\_\_\_\_

**Stop Date:** \_\_\_\_\_

If **PRN** (as needed) list symptoms /conditions under which medication is to be given: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Printed Name

**To be completed by parent/guardian:**

I am giving permission for my child \_\_\_\_\_ to receive the above medication/treatment at school according to school district policy and for the physician and school district staff to share information regarding my child's medication needs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please turn completed and signed form into office when completed.



**POLICY CONCERNING ADMINISTRATION OF**

**MEDICATIONS/MEDICAL PROCEDURES BY SCHOOL DISTRICT PERSONNEL**

**HOLD HARMLESS AND INDEMNIFICATION**

In consideration of the agreement of persons at the District to administer medication and/or medical procedures to \_\_\_\_\_, as requested by me and prescribed by a physician. I, on my own behalf, and on behalf of any other person associated with me, hereby agree to hold harmless and indemnify the Southgate Community School District, its Board of Education members, administrators, teachers, secretaries, and other employees, from any and all claims, damages, liabilities, demands, actions, causes of action, which may hereafter be asserted by any person, corporation, or other entity, against the parties listed above or against any other person associated with the Southgate Community School District under any legal theory based upon or arising out of circumstances related in any way to administration by the District personnel of medications or medical procedures.

Witnesses:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Telephone No. (Home)

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Please turn completed and signed form into office when completed.

Updated 5/2017