



Authorization to Administer Medication

Student Name: _____ Gender: M / F Date of Birth: _____ Grade: _____

I give my permission for exchange of information between The Bear Creek School and the licensed health care provider listed below.

Date _____ Parent Signature _____

For Office Use Only:

Date _____ School Nurse Signature _____

This portion to be completed by a Licensed Health Care Provider

Consistent with The Bear Creek School's medication policies (section 4 of Family Handbook), the administration to a student of any medication *not included in the parent-authorized list of school-provided medications* must be requested and authorized by a parent/legal guardian and a licensed healthcare provider with prescribing authority (below), acting within the scope of license. Specific instructions for administration must be included and medication must be in its original container.

Name of Medication	Dosage	Time of Day to be Taken

List any known medication allergies _____

Diagnosis or reason for medication _____

If given PRN, specify the length of time between doses _____

Middle School/Upper School student may self-administer medication Yes No

Possible side effect of medication _____

Special instructions _____

Licensed Health Care Provider/Physician/Dentist:

I request/authorize the school to administer or allow self-administration of the above medication to the above-named student in accordance with the instructions indicated above for the period from _____ to _____ (not to exceed current school year).

Signature _____

Date _____ Print Name _____

Phone _____ Fax _____

Address _____

Note to Parents/Guardians

All medication to be administered by school staff must be:

- Brought to school by the parent
- In the original container, labeled with the student's name, name of the medication, dosage, mode of administration, and name of the health care provider.
- Not more than a one-month supply (unless it is an emergency medication, such as epinephrine or inhaler).
- Unexpired.
- Stored in the health room. A second set of emergency medications (epinephrine, inhaler, or insulin) should be provided—for either the Lower School/Early Middle School classroom or the Middle School/Upper School student's binder.

All medication to be self-administered by the student must be:

- In the original container, labeled with the student's name, name of the medication, dosage, mode of administration, and name of the health care provider (for prescription medication).
- Not more than one monthly dose in the original container.
- Stored in the health room with the exception of emergency medications (epinephrine, inhaler, or insulin).

Student Name: _____ Gender: M / F Date of Birth: _____ Grade: _____

This portion to be completed by the Parent/Guardian

Parents should complete this section with information about the medication listed on page 1 of this authorization.

Name of Medication	Dosage	Time of Day to be Taken	Person to Administer (self / staff / either)

List any known medication allergies _____

Diagnosis or reason for medication _____

Other medication the student is taking _____

Middle School/Upper School student may self-administer medication Yes No

Possible side effect of medication _____

For student self-administration: I/We certify that I/we am/are the parent/legal guardian of the above-named student. I/We authorize my/our child/ward to self-administer medication as specified. I/We shall hold harmless and indemnify The Bear Creek School's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration of medication as described.

For staff administration: I/We request/authorize the school to administer the above medication to the above-named student in accordance with the licensed health care provider's instructions for the period from _____ to _____ (not to exceed current school year). I/We understand that every effort will be made by the school staff to administer the medication in a timely manner.

Print Name _____ Parent Signature _____ Date _____

Home Phone _____ Work _____ Cell _____

Print Name _____ Parent Signature _____ Date _____

Home Phone _____ Work _____ Cell _____

Approval of Parent/Guardian and Limitation of Liability

I/We hereby authorize The Bear Creek School personnel to administer and/or for my/our child/ward to self-administer the medication identified above to be taken at school as ordered by the student's physician/dentist or at my/our direction. I/We understand that my/our signature(s) on this form constitute(s) a waiver of liability by me/us to The Bear Creek School and authorized personnel, as may arise from the administration of medication at school. I/We request that authorized personnel administer medications to my/our child/ward as described above at school, or that my/our child/ward be permitted to self-medicate in the presence of authorized personnel. I/We realize that my/our child/ward must take responsibility to go to the office to request the medication. As time and dosage adjustment may occur, authorized personnel will follow the doctor's recommended changes upon written notification from the parent/guardian. All medication must be unexpired, in the original container, and label must include the student's name, name of the medication, dosage and dosing schedule, mode of administration, and name of physician. (Please ask pharmacist for an additional labeled container for school use.) **All epinephrine must be supplied by the parent/guardian and be in the original container. The label must include the student's name, name of the medication, dosage and dosing schedule, mode of administration, and name of physician. The School requires emergency medications be kept in both the health room and classroom or in the case of Middle School/Upper School in the student's binder.**

I/We hereby acknowledge that I/we read and understand English and have read and understand the terms and conditions set forth in this waiver and authorization form. Alternatively, I/we hereby acknowledge that if I/we do not read and understand English that I/we have consulted with someone who does and such person has fully explained the terms and conditions set forth in this waiver and authorization form. I/We fully understand the terms and conditions set forth in this waiver and authorization form.

Parent/Guardian Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____

Print Name _____