

# GREAT PLAINS

Technology Center

## MEDICATION AUTHORIZATION FORM

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

ROUTE: \_\_\_\_\_

### Statement of Authorization:

I, \_\_\_\_\_, the parent or legal guardian of, the above named student of Great Plains Technology Center, do hereby give my permission to the school nurse, or administrator, or designated school employee to administer the medication as described above. I also understand that the nurse, administrator, or designated school employee shall not be liable to the student, parent, or guardian for civil damages for any personal injuries to the student resulting from acts or omissions of the school employee in administering any medicine pursuant to the law unless the acts or omissions were "gross, willful, or wanton negligence."

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date