

School District 197

Authorization for Administration of Medication at School

Student's Name: _____
 School: _____

Birth Date: _____
 School Year: _____ Grade: _____

Medical Condition/ ICD 10 CM	Medication/Treatment	Dose	Frequency	Route	Side Effects

(All authorizations expire on the last day of the current school year)

- Student may self-carry/administer their inhaler/epinephrine auto-injector with Physician/Licensed prescriber order, Parent/Guardian authorization, and if appropriate as determined by the School Nurse.

 Print or Type Name of Physician/Licensed Precrifer

 Signature of Physician/Licensed Precrifer

Clinic Address: _____
 Phone Number: _____

Fax Number: _____
 Date: _____

Parent / Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request that the medication(s) be given on field trips, as prescribed and per district policy.
- The first dose of a newly prescribed medication shall be given at home in order to monitor student response.
- I release school personnel from liability in the event adverse reactions result from taking medication(s).
- I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.).
- I give permission for the Registered Nurse (RN) or designee to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
- I give permission for the medication(s) to be given by designated personnel as delegated by the RN.
- I give permission for the RN or designee to consult (in oral or written format) with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s).

This authorization may be revoked by you at any time in writing and automatically expires on the last date of the current school year.

Please Note:

- Medication is to be supplied in the original/prescription bottle and transported to and from the school by a parent/guardian unless other arrangements are made via communication with the school nurse.
- The responsibility to share health information with programs that take place outside of the educational day rests on the parent/guardian.
- Signatures must be completed in order to administer medication. If medication policy is not followed, school health services will not be able to administer medication, which may adversely affect educational outcomes or this student's safety.

Parent/Guardian Signature: _____ Relationship to Students: _____
 Home Phone: _____ Day Phone: _____ Date: _____