



GRANTS PASS SCHOOL DISTRICT #7
Authorization for Medication Administration by School Personnel

Student Name: _____ DOB: _____ Grade: _____ Teacher _____

I am giving school personnel permission to administer medications to my child per the following:

Medication: _____	<input type="checkbox"/> Non Prescription
Dose (how much): _____	<input type="checkbox"/> Prescription Rx number: _____
Frequency (how often): _____	<input type="checkbox"/> Please allow my child to self administer this medication. (Refer to district policy on self medication).
Route: (circle one) By: Mouth Ear Eye Nose Skin	
Time: _____	Duration: Start date: _____ End date: _____
Reason for Medication:	
Special Instructions:	

I understand I am responsible to provide this medication in its original (prescription or non-prescription) labeled container and maintain the supply as needed. I understand that I (or a designated adult) must deliver this medication to the school. I understand I am responsible to notify the school of any changes in writing, and obtain a new prescription labeled container if the prescription is changed. Parents are required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

Parent/Guardian Signature: _____ Date: _____

(This authorization applies only to the medication listed above and for the duration of treatment or school year.) This also authorizes an exchange of information, as necessary between the school nurse, appropriate school personnel, and/or my child's health provider.

PHYSICIAN DIRECTION
(Required in writing or on pharmacy label for all prescription medications).

I have prescribed the above medication for the student whose name appears at the top of this form. Instructions in the box are accurate. _____ Special instructions including adverse reactions and action required:

_____	_____	
<i>Physician's Name (please print/stamp)</i>	<i>Address</i>	
_____	_____	
<i>Physician's signature</i>	<i>Phone number</i>	<i>Effective date</i>