Authorization for Medication Administration 2023-24

Student's Name: _____DOB: _____ Grade: _____

TO BE COMPLETED BY HEALTHCARE PROVIDER

Please list any prescription medication(s) that may need to be administered during school hours or school-related activities [medication(s) administered by School personnel or self (student)].
To be completed and signed each year by a healthcare provider and parent/guardian.

PRESCRIPTION MEDICATIONS

*Student may self-administer/carry ***emergency medications*** only*

_____ _____ **Signature of**
Healthcare Provider /Printed Name Date

_____

Physician Address/Phone Number

Medication			
Dosage/Route			
Time/Frequency			
Reason for Medication			
Special Instructions			
Start/Stop Dates			
Side Effects			
Student may self carry medication **Emergency Medications Only**			

Date received _____ School Nurse_____

This medication will be furnished by parent or guardian in a container properly labeled by a pharmacist with identifying information, (e.g. name of the child and medication, dosage to be given and the time it is to be given) or in the purchased container, if non-prescription medication.
I hereby give my permission for my child (named above) to receive medication during School hours. I understand that the School undertakes no responsibility for the administration of the medication. This medication has been prescribed by a licensed physician or purchased by me for my child and I hereby release the School and its employees from any and all liability that may result from my child taking the medication. I request that my child be administered the prescription medication (per School personnel or self) as indicated in the physicians' order above. The parent/guardian must notify the nurse or designee in writing of any changes regarding the change of treating physician, medication, dosage, time, and/or discontinuation.

_____ _____ Signature of Parent or
Guardian Date

FOR OFFICE USE ONLY:

_____ Med brought in appropriate container _____To carry on self _____ # tablets _____ Expiration date