



Daily/PRN Medications
Medication Authorization /Administration Form
Laramie County School District #2

Child's Name _____ Grade _____ Date _____

Medication Name _____

Dosage _____ Time/Frequency _____

Reason for medication/Diagnosis _____

How is medication taken (circle) oral, inhaled, skin, eyes, ears, other _____

Possible side effects _____

Special instructions _____

Estimated Termination Date _____

(All authorizations expire at the end of the school year.)

Physician prescribing _____ Facility _____

Physician's address _____ Phone number _____

I request and hereby give permission for school personnel to administer the medication listed above for the child listed above as prescribed by my child's physician. I assume full responsibility for providing the school with prescription medication and medical equipment needed to provide care for my child. I understand the School Nurse is not always available to provide care and medication assistance may be provided by trained non-medically licensed school personnel. I release the school district and its agents from liability and authorize the release of information between the school and physician pertinent to my child's medication(s).

I understand all medications held in the nurse's office will be returned to a parent/guardian/designated adult and will not be released back to the student. **Medications not picked up by the end of the school year will be disposed of. Furthermore, I understand it is my responsibility to make prior arrangements for medications to be administered on early release days or for extra curricular activities.**

Parent/Guardian Name (print) _____ Relationship _____

Parent/Guardian Signature _____ Date _____

Administrative Use Only**Medication Received**

August <u>8/21</u>	8/22	8/23	8/24	8/25
8/28	8/29	8/30	8/31	9/1
September <u>9/4</u>	9/5	9/6	9/7	9/8
9/11	9/12	9/13	9/14	9/15
9/18	9/19	9/20	9/21	9/22
9/25	9/26	9/27	9/28	9/29
October <u>10/2</u>	10/3	10/4	10/5	10/6
10/9	10/10	10/11	10/12	10/13
10/16	10/17	10/18	10/19	10/20
10/23	10/24	10/25	10/26	10/27
November <u>10/30</u>	10/31	11/1	11/2	11/3
11/6	11/7	11/8	11/9	11/10
11/13	11/14	11/15	11/16	11/17
11/20	11/21	11/22	11/23	11/24
December <u>11/27</u>	11/28	11/29	11/30	12/1
12/4	12/5	12/6	12/7	12/8
12/11	12/12	12/13	12/14	12/15
12/18	12/19	12/20	12/21	12/22
January <u>1/1</u>	1/2	1/3	1/4	1/5
1/8	1/9	1/10	1/11	1/12
1/15	1/16	1/17	1/18	1/19
1/22	1/23	1/24	1/25	1/26
February <u>1/29</u>	1/30	1/31	2/1	2/2
2/5	2/6	2/7	2/8	2/9
2/12	2/13	2/14	2/15	2/16
2/19	2/20	2/21	2/22	2/23
March <u>2/26</u>	2/27	2/28	2/29	3/1
3/4	3/5	3/6	3/7	3/8
3/11	3/12	3/13	3/14	3/15
3/18	3/19	3/20	3/21	3/22
3/25	3/26	3/27	3/28	3/29
April <u>4/1</u>	4/2	4/3	4/4	4/5
4/8	4/9	4/10	4/11	4/12
4/15	4/16	4/17	4/18	4/19
4/22	4/23	4/24	4/25	4/26
May <u>4/29</u>	4/30	5/1	5/2	5/3
5/6	5/7	5/6	5/9	5/10
5/13	5/14	5/15	5/16	5/17
5/20	5/21	5/22	5/23	5/24

END OF YEAR: RETURN DISPOSAL

Date: _____ Nurse: _____ Parent/Witness: _____