

**Parent/Legal Guardian/Court Appointed Guardian Authorization for
Medication Administration**

To be completed by parent/guardian before any prescribed or over-the-counter medication, other than epinephrine, may be administered in school. This form does not apply to self administration of medication.

Student _____ Grade: _____ Date of birth: _____

1. I request the Board's permission for the administration of _____ (*name of medication*) to my child by the school nurse or, in their absence, another registered nurse.
2. I consent to the administration of the medication by a school nurse or another registered nurse.
3. I acknowledge my understanding that the Board and its employees and agents shall not be liable as a result of any injury arising from the administration of the medication to my child and that I shall indemnify and hold the Board and its employees and agents harmless against any claims arising out of the administration of the medication.
4. I understand that as a condition of any permission granted, I must provide to the Board a written order signed by my child's physician certifying that my child's health and continuing attendance at school require the administration of the medication and containing the following information:
 - the purpose of the medication;
 - the dosage;
 - the time at which, and any special circumstances when, the medication shall be administered;
 - the length of time for which medication is prescribed;
 - the possible side effects of the medication.
5. I understand that I must bring the medication to the school nurse in the original, labeled container and that I am responsible for replacing the medication when it expires or when otherwise necessary. I agree to pick up any unused medication at the end of the school year, when the medication becomes outdated, or when the medication is no longer necessary, whichever comes first.
6. I acknowledge that I have been informed that permission for administration of the medication will be effective only for the school year in which it is granted but may be renewed by the Board requirements set forth in this form in accordance with the Board's policy on the administration of medication.

I certify that the above statements made by me are true.

Signature of Parent/Guardian: _____ Date: _____