



The Haverford School Medication Authorization Form

Student Name: _____ Grade: _____ Date of Birth: _____

This form must be completed in the event that any prescription or over the counter medication must be taken during the school day, including School-sponsored activities, overnight trips, and preseason sports.

For all medications at School: Upload this form to your Magnus Health account, and deliver the medication in its original labeled container to the Health Office, prior to the start date. *Please use one form per each medication. Do not add multiple medications on this form.*

For overnight trips: In addition to this form, please complete the **Daily Medication Sign Out and Medication on Field Trip Screening Form**. Please refer to the Medication on Field Trip Screening Form and Policy regarding the complete policy.

To be completed by the **Physician:**

Please note: We do not require this form for Tylenol, ibuprofen, Benadryl, or tums (we already have School orders and permissions on file).

Medication name: _____ Dose: _____

Time to be given: _____ Reason for medication: _____

Route (circle): PO Topical Inhaled Nebulized Other

Start Date: _____ Stop date: _____

Please check all that apply:

- This student has my permission to carry this medication in school and is capable of Self-administration (*applies only to emergency medications, Epi-pens, insulin, glucose tabs, and rescue inhalers)
- This student is capable of self-administration on school trips.

Physician signature

Date

Physician printed name or stamp

By signing below, I give permission for my student to be given the above-referenced medication by a chaperon on the field trip. I agree to release The Haverford School and its directors, administrators, and employees from any liability for personal injury to my child resulting from the administration of the above-described medication unless such is caused by intentional misconduct by the directors, administrators or employees of the Haverford School **and to indemnify and hold harmless** The Haverford School, its directors, administrators and employees for any claims asserted of the nature described in this paragraph.

Parent/Guardian Signature: _____