



**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 signature (if applicable) _____

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 _____

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

END OF YEAR: RETURN DISPOSAL

Date: _____ Nurse: _____ Parent/Witness: _____

Administrative Use Only

Medication Received

| | | | | |
|------|------|------|------|------|
| 5/12 | 5/13 | 5/14 | 5/15 | 5/16 |
| 5/19 | 5/20 | 5/21 | 5/22 | 5/23 |

END OF YEAR: RETURN DISPOSAL

Date: _____ Nurse: _____ Parent/Witness: _____