

Parent/Guardian Authorization

1. I request that the above medication/treatment be administered to my child as prescribed by the healthcare provider. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
2. I understand I must provide medication in the original bottle, properly labeled by the pharmacy with the student's name, date, dosage, time and directions for administration.
3. I give permission for the medication(s) to be given by school personnel as delegated by the licensed school nurse.
4. I give permission for the Building Nurse/Licensed School Nurse to consult with my child's physician about any questions regarding the listed medication(s) or medical condition(s) being treated. I understand that the school intends to use the requested information to provide for my child's health and safety needs while at school. I may refuse to supply the requested personal information. The consequence for not providing the information may result in that my child will not be able to take medication during school hours dispensed from the health office. The information I provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.
5. If my child has any remaining medication(s) during or at the end of the school year, I authorize Health Services personnel to send it home with my child. I will notify Health Services if I prefer to pick up the medication(s) at school.
6. I will notify Health Services of any change in the medication(s) i.e. dosage change, medication is discontinued, etc.
7. I understand that the emergency care plan may be revoked at any time in writing and expires in one calendar year.
8. I authorize the emergency care plan to be followed in school.
9. I understand it is my responsibility to notify the transportation company directly of any specific directions for my child's care while riding transportation during the school day.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: