BISMARCK PUBLIC SCHOOLS

Medication Administration Authorization
Middle and High Schools

Student:_____ DOB:_____ School/Gr:_____

MEDICATION #1:

Medication name/strength:_____How many:_____Time to give @ school:_____
Route (Circle one): By mouth Inhaled/Nasal Apply to skin Apply to eyes Drop into ears Other:_____
Reason for medication:_____ Continue Until:_____

Instructions for use:_____
Major side effects:_____
Authorization (Check one):

___I authorize my child to securely keep/store, and self-administer the medication listed above.
___I authorize BPS Staff to securely keep/store and administer the medication listed above to my child.

MEDICATION #2:

Medication name/strength:_____How many:_____Time to give @ school:_____
Route (Circle one): By mouth Inhaled/Nasal Apply to skin Apply to eyes Drop into ears Other:_____
Reason for medication:_____ Continue until:_____

Instructions for use:_____
Major side effects:_____
Authorization (Check one):

___I authorize my child to securely keep/store, and self-administer the medication listed above.
___I authorize BPS Staff to securely keep/store, and administer the medication listed above to my child.

I give permission to school staff to contact the health care provider if concerns or emergencies arise regarding my child and the medications listed above.

In exchange for granting my request to permit my child to self-administer the above-named medication(s), I agree as follows: (1) To indemnify, defend and hold harmless the Bismarck Public School District, its officers, employees and all other individuals working in their official capacities on behalf of the District from any claim or liability for injuries or damages resulting from the self-administration of the above-named medication; and (2) To acknowledge that I will not seek any recovery from the District for any claim or liability for injury or damages, including without limitation reasonable attorney's fees and costs, caused or claimed to be caused by the self-administration of the above-described medication.

Parent Signature:_____ Date:_____