Authorization to Administer Medication at School

Name of Student_____ DOB_____

Phone_____ Grade/Teacher_____

Physician: In my opinion, it is necessary to administer this medication during the school day.

Medication_____ Dosage_____

Time of day to be given_____ Route_____

Purpose of medication_____

Possible side effects_____

Duration of orders _____ **(not to exceed 1 calendar year)**

*Physician, if prescribing an inhaler: This student has my permission to carry an inhaler on their person while at school.
(Please initial) Yes_____ No_____

Date:_____

Name of health care professional (print or type): _____

Signature:_____, MD, DDS, DMD, DO, NP, PA

Address:_____Phone:_____

Parent: It is understood that medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other delegate employed by School District No. 70, the undersigned parent or guardian hereby agrees to release School District No. 70 and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give permission for _____to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication and I will personally bring it to the school in its original, labeled container (instructions/dosage on the container must match Physician's order). If the prescription is changed, a new form for parent consent and a new Physician's order must be completed before school staff can administer the new medication.

*Parent: Please note that you must pick up medication at the end of the school year or it will be disposed of on the last day of school. Medication cannot be sent with the student but must be picked up by the parent/guardian. Medication remaining after the last day of school will be disposed of. If you check out your student before the last day of school, you must pick up your medication at the time of checkout. Any remaining medication will be disposed of the next day after checking the student out.

Parent Signature:_____ Date: _____