



Wyoming City Schools PRESCRIPTION MEDICATION AUTHORIZATION FORM

STUDENT INFORMATION

Student Name:	DOB:	Grade:	Building:
Address:			
Parent/Guardian Name:		Phone:	
List any known drug allergies/reactions:			

The prescribing provider and parent/guardian must sign this form before medication can be administered to the student.

PRESCRIPTION MEDICATIONS - Prescriber to complete

Medication:	Medication:	Medication:
Dosage:	Dosage:	Dosage:
Time/Interval:	Time/Interval:	Time/Interval:
Severe reactions to report to clinician:	Severe reactions to report to clinician:	Severe reactions to report to clinician:
Special administration/storage instructions:	Special administration/storage instructions:	Special administration/storage instructions:

Epinephrine Injector: ☐ Not applicable ☐ Yes, as the prescriber, I determine this student is capable of possessing and using an autoinjector appropriately and have provided the student with training in its proper use.
Asthma Inhaler: ☐ Not applicable ☐ Yes, as the prescriber, I determine this student is capable of possessing and using an asthma inhaler appropriately and have provided the student with training in its proper use.
Diabetes Selfcare: ☐ Not applicable ☐ Yes, as the prescriber, I determine that this student is capable of performing diabetes care tasks independently and authorize such self-care.

PRESCRIBER SIGNATURE:	Date:
Prescriber Name (print):	Phone: Fax:

PARENT/GUARDIAN PERMISSION

By signing below, I authorize a designated employee of the school board to administer the above medication(s) to my child. Permission is valid through the end of the current school year.

- ☒ I understand that a new parent/prescriber statement is required if the medication dosage changes.
- ☒ Medication must be in the **original** container and be properly labeled with the student's name, prescriber's name, medication name, date of prescription, dosage, strength, time interval, route of administration, and expiration date when appropriate.
- ☐ **If applicable: Epinephrine Autoinjector:** I authorize my child to possess and use an epinephrine autoinjector, as prescribed, while at school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.
- ☐ **If applicable: Asthma Inhaler:** I authorize my child to possess and use an asthma inhaler as prescribed while at school and any activity, event, or program sponsored by or in which the student's school is a participant.
- ☐ **If applicable: Diabetes Selfcare:** I authorize my child to independently attend to diabetes care and management while at school and any activity, event, or program sponsored by or in which the student's school is a participant.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

PARENT/GUARDIAN SIGNATURE:	Date:
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- Medication must be delivered to school by parent/guardian. Do not send medication to school with your child. - Controlled substances will be counted and verified by parent/guardian and designated school staff member. - Completed forms may be hand-delivered to your child's school, uploaded to Final Forms, sent via email, or faxed.	Elm:	jonese@wyomingcityschools.org	(f): 513-206-7337
	Hilltop:	footee@wyomingcityschools.org	(f): 513-206-7305
	Vermont	grayt@wyomingcityschools.org	(f): 513-206-7370
	Middle School:	joneske@wyomingcityschools.org	(f): 513-206-7245
	High School:	murphyn@wyomingcityschools.org	(f): 513-206-7132