AUTHORIZATION FOR MEDICATION/PROCEDURE TO BE ADMINISTERED AT SCHOOL AND FIELD TRIPS

PIPER USD 203

Part A

Parent to Complete

Name of Student: _____ Date of Birth: _____ Grade/Teacher: _____

I grant permission for the school nurse or a delegated staff member to administer medication/treatment to my child at school as indicated by my child's physician according below. I understand that I must provide any prescribed medication in its original labeled container.

I also acknowledge the need and give permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment in question, including communication concerning: 1. the prescription or treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions, size of catheter for emergency insertion in the track of a dislodge gastrostomy tube); 2. implementation of the treatment in school (e.g., questions regarding safety concerns, infection control issues, or modifications in the treatment order related to the school setting or student's academic schedule); 3. student outcomes from the treatment (e.g., questions regarding observed side effects, possible untoward reactions, observations of behavior changes in the classroom); 4. and other pertinent issues related to the student's diagnosis, condition, or treatment.

I understand that any school employee who administers this drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction from the medication

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Printed Name	Today's date

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Part B

Physician to Complete

Current Diagnosis(es): _____ _____ _____

PHYSICIAN MEDICATION AND/OR TREATMENT ORDERS: (please specify)

Medication / Treatment	Dosage	Time / Frequency	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Instructions: _____

_____	_____	_____	_____
Provider Signature	Provider Printed Name	Office Phone Number	Today's Date

Written authorization to administer prescription drugs will expire automatically at the end of each school year. A new authorization will be required annually and dated after May 1 of the preceding school year.