



Daily/PRN Medications
Medication Authorization /Administration Form
Laramie County School District #2

Child's Name _____ Grade _____ Date _____

Medication Name _____

Dosage _____ Time/Frequency _____

Reason for medication/Diagnosis _____

How is medication taken (circle) oral, inhaled, skin, eyes, ears, other _____

Possible side effects _____

Special instructions _____

Estimated Termination Date _____

(All authorizations expire at the end of the school year.)

Physician prescribing _____ Facility _____

Physician's signature (if applicable) _____

Physician's address _____ Phone number _____

I request and hereby give permission for school personnel to administer the medication listed above for the child listed above as prescribed by my child's physician. I assume full responsibility for providing the school with prescription medication and medical equipment needed to provide care for my child. I understand the School Nurse is not always available to provide care and medication assistance may be provided by trained non-medically licensed school personnel. I release the school district and its agents from liability and authorize the release of information between the school and physician pertinent to my child's medication(s).

I understand all medications held in the nurse's office will be returned to a parent/guardian/designated adult and will not be released back to the student. **Medications not picked up by the end of the school year will be disposed of. Furthermore, I understand it is my responsibility to make prior arrangements for medications to be administered on early release days or for extra curricular activities.**

Parent/Guardian Name (print) _____ Relationship _____

Parent/Guardian Signature _____ Date _____

Phone number _____

	<u>Administrative Use Only</u>		<u>Medication Received</u>	
<u>August 8/24</u>	8/25	8/26	8/27	8/28
<u>September 8/31</u>	9/1	9/2	9/3	9/4
9/7	9/8	9/9	9/10	9/11
9/14	9/15	9/16	9/17	9/18
9/21	9/22	9/23	9/24	9/25
<u>October 9/28</u>	9/29	9/30	10/1	10/2
10/5	10/6	10/7	10/8	10/9
10/12	10/13	10/14	10/15	10/16
10/19	10/20	10/21	10/22	10/23
10/26	10/27	10/28	10/29	10/30
<u>November 11/2</u>	11/3	11/4	11/5	11/6
11/9	11/10	11/11	11/12	11/13
11/16	11/17	11/18	11/19	11/20
11/23	11/24	11/25	11/26	11/27
<u>December 11/30</u>	12/1	12/2	12/3	12/4
12/7	12/8	12/9	12/10	12/11
12/14	12/15	12/16	12/17	12/18
12/21	12/22	12/23	12/24	12/25
<u>January 12/28</u>	12/29	12/30	12/31	1/1
1/4	1/5	1/6	1/7	1/8
1/11	1/12	1/13	1/14	1/15
1/18	1/19	1/20	1/21	1/22
1/25	1/26	1/27	1/28	1/29
<u>February 2/1</u>	2/2	2/3	2/4	2/5
2/8	2/9	2/10	2/11	2/12
2/15	2/16	2/17	2/18	2/19
2/22	2/23	2/24	2/25	2/26
<u>March 3/1</u>	3/2	3/3	3/4	3/5
3/8	3/9	3/10	3/11	3/12
3/15	3/16	3/17	3/18	3/19
3/22	3/23	3/24	3/25	3/26
<u>April 3/29</u>	3/30	3/31	4/1	4/2
4/5	4/6	4/7	4/8	4/9
4/12	4/13	4/14	4/15	4/16
4/19	4/20	4/21	4/22	4/23
4/26	4/27	4/28	4/29	4/30
<u>May 5/3</u>	5/4	5/5	5/6	5/7
5/10	5/11	5/12	5/13	5/14
5/17	5/18	5/19	5/20	5/21
5/24	5/25	5/26	5/27	5/28

END OF YEAR: ☐ RETURN ☐ DISPOSAL

Date: _____ Nurse: _____ Parent/Witness: _____