

RIVER MILL ACADEMY

AUTHORIZATION OF MEDICATION FOR A STUDENT AT SCHOOL

NAME _____ DOB _____ DATE _____

In order to keep this child in optimum health and to maintain maximum school performance, it is necessary that medication be given during school hours, at school-sponsored activities and events.

EACH MEDICATION MUST BE IN ITS ORIGINAL CONTAINER IN ITS ORIGINAL BOX WITH PHARMACY PRESCRIPTION LABEL CONTAINING STUDENT'S NAME, MEDICATION NAME, DOSE, ROUTE, FREQUENCY OF ADMINISTRATION, TIME TO BE GIVEN IF SPECIFIED AND PHARMACY NAME. THIS FORM MUST BE SIGNED BY PRESCRIBING MEDICAL PROVIDER AND THE PARENT/GUARDIAN

MEDICATION _____ DOSE _____ ROUTE _____

TIME _____ FREQUENCY _____ DATES FROM _____ TO _____

FOR TREATMENT FOR: _____ SPECIAL INSTRUCTIONS _____

POSSIBLE SIDE EFFECTS _____

PRESCRIBER'S NAME _____ PHONE _____

PRESCRIBER'S SIGNATURE _____ DATE _____

PARENT'S PERMISSION – PARENT READ AND SIGN: I hereby give my permission for my child, named above, to receive the medication prescribed above during school hours, at school-sponsored activities or school sponsored events. A practitioner authorized to prescribe medication has prescribed this medication. I will furnish this medication in properly labeled container. I hereby release River Mill Academy, school board, their agents and employees from any and all liability that result from my child taking the prescribed medication. I give the school authority to communicate with ordering provider about this medication.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR CASES WHERE SELF-MEDICATION OF EMERGENCY MEDICATION IS NECESSARY: Student may carry and self-administer medication. **YES** _____ **NO** _____ Student has been instructed, understands and demonstrates the skill level necessary to use medication and any device necessary to administer medication **Prescriber's signature** _____ **DATE** _____

Parent's permission for child to self-medicate: I give my permission for my child, named above, to possess and self-administer the medication prescribed above during school hours. I hereby release River Mill Academy, school board, their agents and employees from all liability that may result from my child possessing or taking the prescribed medication.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

