

Authorization for Administration of Medication at SCLA



Student's Name: _____ Birth Date: _____

School Year: _____ Grade: _____

Medicine Name	Dose	Frequency	Route	Medical Condition/ICD10

All authorizations expire on the last day of the current school year.

Print or Type Name of Physician/Licensed Prescriber

Signature or Stamp of Physician/Licensed Prescriber

Clinic Address: _____ Date: _____

Phone Number: _____ Fax Number: _____

Parent / Guardian Authorization

1. I request that the above medication(s) be given as ordered by this student's physician/licensed prescriber. I also request that the medication(s) be given on field trips, as prescribed and per district policy.
2. I release school personnel from liability in the event adverse reactions result from taking medication(s).
3. I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.).
4. I give permission for the Registered Nurse (RN) or designee to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
5. I give permission for the medication(s) to be given by designated personnel as delegated by the RN.

This authorization may be revoked by you at any time in writing and automatically expires on the last date of the current school year.

Please Note:

- Medication is to be supplied in the original/prescription bottle and transported to and from the school by a parent/guardian unless other arrangements are made.
- The responsibility to share health information with programs that take place outside of the educational day rests on the parent/guardian.
- Signatures must be completed in order to administer medication. If medication policy is not followed, school health services will not be able to administer medication, which may adversely affect educational outcomes or this student's safety.
- Students are expected to request scheduled medication from staff. Staff will notify parents if medication is missed.

Parent/Guardian Signature: _____ Relationship to Student: _____

Day/Cell Phone: _____ Home Phone: _____ Date: _____