



# STUDENT MEDICATION AUTHORIZATION FORM

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

## To be completed by Physician/Licensed Prescriber:

**Name of Medication:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Time to be given:** \_\_\_\_\_ (during school hours)

### Form of Medication:

Tablet/Capsule     Liquid     Inhaler     Injection     Nebulizer     Other \_\_\_\_\_

### Instructions:

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

**Side Effects:** \_\_\_\_\_

**Severe adverse reactions that must be reported to prescriber:** \_\_\_\_\_

**Restrictions:** \_\_\_\_\_

**Special Storage Instructions:** \_\_\_\_\_

**The student may carry this medication. (FOR EMERGENCY MEDICATION ONLY!)**     Yes     No

Physician/Licensed Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Licensed Prescriber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## To be completed by Parent/Guardian:

I give permission for authorized school personnel to follow the medical instructions requested above for my child \_\_\_\_\_ to receive medication at school according to school policy.

### I agree to:

- Assume responsibility for safe delivery of the medication in its original container to the school
- Notify the school immediately if there is any change in the use of this medication
- Have a new form completed by the doctor if medication or dosage is changed
- Notify the school of changes in health care provider
- All School Health Services Staff to contact the prescribing physician with any questions regarding the administration of this medication.

I hereby release from liability, and in addition agree to indemnify, all school employees, the School Board and School Health Services for damages or injury resulting in the use, misuse or nonuse of such medication except as such Board, School Health Services or its employees are grossly negligent or engage in wanton or reckless misconduct.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_