

MEDICATION:
ADMINISTERING TO STUDENTS

AUTHORIZATION

Name _____ Grade _____

Teacher _____ School _____

Time to be administered _____ a.m. _____ p.m.

Date from _____ to _____

TO PARENT/GUARDIAN/INDIVIDUAL ASSUMING PERMANENT CARE AND CUSTODY: Is the medication that you wish administered to your child prescription medicine? _____. If so, please provide the name of the medical doctor who prescribed the medication. _____

Is the child's disability or illness such that the medication must be self-administered by the child (asthma, etc.)? _____. If so, the student's medical doctor should include a statement to that effect in the child's prescription. The parent or guardian must provide a written statement from the physician treating the student that the student has asthma and is capable of, and has been instructed in the proper method of, self-administration of medication.

Prescription medication must be furnished by the parent or guardian with the original label prepared and attached by a pharmacist. The label must reflect the name, strength, and dosage of the medication and whether or not the medication may be self-administered by a minor. Non-prescription medication must be in the original container that must reflect the name and strength of the medication.

This form must be signed by the parent/guardian of the child named herein. The signature of the prescribing physician may be required at the discretion of the medication administrator.

Signature of Parent/Guardian/Individual Assuming
Permanent Care and Custody

Date

Physician's Signature
(required for self-administration of medication)

Date

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

TO: _____
(Principal)

(School)

I am the parent with legal custody, the legal guardian, or individual assuming permanent care and custody of _____, a student attending this school. This student requires medication at intervals during the school day. .

I hereby give my consent and authorize and request the school principal, or _____ (an employee of the school district designated by the principal, and me) to:

_____ Administer _____, a non-prescription medication that I am hereby supplying you, in accordance with the written instructions of the child's physician that is attached hereto.

_____ Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the directions for the administration of the medicine listed on the label of the vial.

_____ Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the written instructions of the physician prescribing the medicine, which is attached hereto.

_____ Permit the student to retain the medication on the student's person since the medication must be administered at unpredictable intervals throughout the day. A physician's statement that the student is capable of, and has been instructed in the proper method of, self-administration of medication is attached.

I understand that under state law, the board of education, the school district, or the employees of the district shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized or from the self-administration of medication by the student.

Dated this _____ day of _____, _____.

(Parent with Legal Custody, Guardian, or Individual
Assuming Permanent Care and Custody)

(Address)

WITNESS:
