

Authorization for Administration of Medication at School

Name of Student: _____

Birthdate: _____

School: _____

School Year: _____

Grade: _____

Medical Condition	Medication	Strength mg/ml	Dose # Tablets	Time(s) Frequency	Route	Start Date	Stop Date

Start Date: _____ Stop Date: _____

(All authorizations expire at the end of the school year or at the end of Extended School Year summer school programs)

Print or Type Name of Physician / Licensed Prescriber

Signature of Physician / Licensed Prescriber

Clinic Address

Fax Number

Phone Number

Date

The student may physically carry the epipen on them plus there will be one provided for the health office.

The student may physically carry prescribed Benadryl on them plus there will be a dose in the health office.

Note: Medication has to be supplied in the original/prescription bottle. Medications are NOT allowed on the school bus. Please reference Policy #516 in the Student/Parent Handbook.

Parent / Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request that the medication(s) be given on field trips, as prescribed.
- I release school personnel from liability in the event adverse reactions result from taking medication(s).
- I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.).
- I give permission for the school nurse or designee to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
- I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.
- I give permission for the school nurse or designee to consult (in oral or written format) with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s), as well as ongoing data on medication effects provided to physician/licensed prescriber and parent/guardian via monitoring form.**

My son/daughter may self-administer his/her inhaler/Epipen®, if appropriate as assessed by the School Nurse.

Parent/Guardian Signature

Relationship to Student

Home Phone

Day Phone

Date

* 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.

North Branch District Fax Numbers: Sunrise River School (651) 674-1110; Middle School (651) 674-1310; High School (651) 674-1510; Early Childhood (651) 674-1210; Brooker (651) 674-1410