



# Medication Administration Authorization During School

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN/MEDICAL PROVIDER

Prescribing Health Care Clinician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In order to keep this student in optimum health and to help maintain maximum school performance, it is necessary that this medication be given during school hours:

Check type of medication:  Prescription  Emergency/Rescue  Over-the-Counter

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

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### Note: "Lunch time" may vary between 11:30 a.m.-1 p.m.

If medication is to be given only as needed, please indicate specific circumstances when medication:

Should be given: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Student understands the use of his/her emergency medication and has been instructed how to self-administer such medication.  Yes  No

Signature of Physician/Medical Provider: \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY PARENT

I hereby give permission for my child \_\_\_\_\_, to receive the above prescribed medications during school hours. I agree to send the medications to school in the container originally labeled by a pharmacist and which has written on it: my child's name, the name of the medication, the dosage(s) to be given, and the time and manner the medication is to be given.

I also agree to provide the above prescribed over-the-counter medications in the original labeled container(s) with my child's name written on the original container, with the dosage(s) to be given and the time and manner medication is to be given.

I hereby release St. John's Lutheran School, its employees and agents from any and all liability that may result from my child taking the above prescribed medication, the above-named over-the-counter medication or for the loss of the medication by my child while at school or a school activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number for the Parent/Guardian: \_\_\_\_\_