



Parent Request and Authorization for Administration of Medication

(TO BE COMPLETED BY PARENT OR GUARDIAN)

Student: _____ Date of Birth: _____ Sex: _____

School: _____ Grade: _____ Teacher: _____

Name of Parent/Guardian: _____ Phone: _____

Address: _____

Other persons to be notified in case of emergency if parent/guardian is unavailable:

Name: _____ Phone: (HM) _____ (WK) _____

Relationship: _____

Name: _____ Phone: (HM) _____ (WK) _____

Relationship: _____

Student Allergies: (List and describe student's allergic reactions to any substance)

Parent/Guardian's Consent

I hereby request and give permission for the school nurse or designated trained unlicensed person, to administer the following medication at school: _____

(Name of Medication)

to _____ prescribed by _____.

(Name of Student)

(Name of doctor/dentist, prescriber)

I give permission to the school nurse to share with appropriate school personnel information (such as adverse side effects) related to the prescribed medication administration as the nurse determines necessary for my son/daughter's health and safety. Yes: ____ No: ____ Restrictions on release _____.

I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within two weeks following termination of the order or two weeks beyond the end of the current school term. Yes: ____ No: ____

I had administered the initial dose ordered at home and have allowed sufficient time for observation of adverse reactions before asking school personnel to administer the medication. Yes: ____ No: ____

Note: All answers above must be *YES before the medication may be administered at school by unlicensed personnel, unless other arrangements have been agreed on by parents and nurse.

Do you understand that regular medication orders must be provided for students who self-administer medication at school? Yes: ____ No: ____

Signature of Parent/ Guardian: _____

Relationship to Student: _____ Date: _____

RX NUMBER: _____