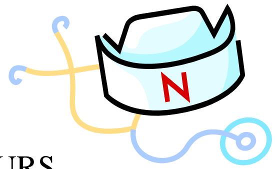

NORTHAMPTON AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

FOR THE PHYSICIAN:

_______________________________ must receive medication prescribed by me for the following
Student's Name
medical condition: ____.

If Allergic reaction, please specify type of reaction: ____Ingested ____Contact ____Inhaled

*This medication **must** be given during school hours in order to maintain sufficient health and participation in the school program.*

MEDICATION: ____
DOSAGE: ____
TIME TO BE GIVEN IN SCHOOL: ____
DURATION PERIOD: ____
POSSIBLE SIDE EFFECTS: ____

FOR EMERGENCY MEDICATION ONLY (Epinephrine/Inhalers):
May student carry medication on person ____Yes ____No _______(MD initial)
May student self-medicate ____Yes ____No _______(MD initial)

FOR FIELD TRIPS:
May above medication be omitted ____Yes ____ No _______(MD initial)
May above medication be administered early/late ____Yes ____No _______(MD initial)
If order is for Epinephrine/Benadryl, may **Benadryl** be omitted _____Yes _____No _______(MD initial)

_______________ ______________________________ ______________________________
Date Physician's Printed Name Physician's Signature

FOR THE PARENT/GUARDIAN:

I give my permission for the Northampton School District to administer the above medication to my son/daughter

_______________________________________ as prescribed by the above physician.
Student's Name

The medication will be delivered to school in the appropriately labeled pharmacy container. The label shall contain the student's name, name of medication, dosage and time to be administered, physician's name and the pharmacy.

I understand that a new medication authorization form must be completed by the parent and physician if the dosage is changed at any time.

I do hereby release, discharge and hold harmless, Northampton School District, its agents and employees, from any and all liability and claims whatsoever in connection with the administration of the above medication to my child.

____________ __________________________________ ________________________________
Date Parent/Guardian Printed Name Parent/Guardian Signature

March 2019