

Code No. 507.2E2 PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION TO STUDENT

Medications may be administered with a written authorization from the parent/guardian and with a prescriber's written order for prescription medications. All medications should be taken before or after school hours whenever possible. However, it is understood that certain drugs may be required during the school day. These students should have medication available and administered in a manner in which is compliant with the school district policy.

1. No medication will be administered to a student in school or during school sponsored activities without a parent/guardian written authorization and a prescriber's written order for prescription medications. Parents are responsible for obtaining the prescriber's order
 - a. Prescription medication: A current pharmacy labeled container can serve as a written prescriber's order. A second labeled medication container can be obtained for school use by asking the pharmacist.
 - b. Over the counter/non-prescription medication: These medications will only be given with the parent/guardian's written authorization and sent to the school In the original medication container with the student's name attached. This procedure will safeguard your child against over medication and possible reactions.
2. The parent/guardian is responsible for submitting a new prescriber's order form to the school each time there Is a change of dosage or time of administration. Prescriber's order may be faxed to the school.
3. The parent/guardian is also responsible for notifying the school when a medication has been discontinued.
4. Students who must carry emergency medications throughout the school day need a written prescriber's order on file In the health office. The order must specifically state the purpose of the medication, dosage, times for medication to be given, and/or special circumstances under which the medication is to be given; and that the student must carry the medication at all times. A current pharmacy label can serve as a written authorization; however, the prescriber's authorization still needs to be obtained in order for the students to "self-carry".
5. All medications that are not self-carry will be kept in a locked storage box.
6. The first dosage of any prescription must be given at home so the child can be more closely observed for possible side effects and/or adverse reactions.
7. The Central Community School district does not assume responsibility for medication not prescribed by a physician/or medication administered by the student himself/herself.
8. No medication will be continued beyond the school year in which it is ordered.

Student Name _____ Date of Birth _____

Medication _____

Reason for Medication _____

Amount of Dose _____

Time to Give Medication _____

Physician/Prescriber Name _____ Phone Number _____

Special Instructions _____

*2nd Medication _____

Reason for 2nd Medication _____

Amount of Dose _____

Time to Give Medication _____

Physician/Prescriber Name _____ Phone Number _____

Special Instructions _____

I request that the prescribed medication be administered by a qualified staff person according to the written directions given above. I agree that school personnel who may contact the prescriber as needed and that medication information may be shared with school personnel who need to know. I understand the law provides that there should be no liability damages as a result of the administration of medication where the person administering the medication acts as an ordinary reasonable prudent person would act under the same circumstances and that the school district and school nurse are to incur no liability, except for gross negligence, as a result of injury arising from the administration of medication. I will comply with the procedure listed on the back of this form related to the administration of medication at school.

*Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____

~MEDICATIONS WILL NOT BE ADMINISTERED IF IT HAS EXPIRED OR IF IT HAS AN IMPROPER LABEL~

PLEASE CHECK THE CONTAINER PRIOR TO SENDING IT TO SCHOOL

Permission for Disposal of unused Medication at the end of the School Year (please check one)

___ I will pick up any unused medication at the end of the school year

___ Please send any unused medication home with my child. The school district will not be responsible for the medication once it is in the possession of my child.

___ Please discard any unused medication

*Parent/Guardian Signature _____ Date _____

Reviewed by: _____ Date _____

School Nurse Signature