

## USD 489 Medication Authorization Form

When possible, medication should be administered at home using a schedule that will not require doses during school hours

**Prescription** medication must be sent to school by the parent or guardian in the original pharmacy container with the pharmacy label. The student's name, name of the medication, dosage, date and physician's name must be clearly noted on the label. Any change in time or dosage of medication requires a new prescription from the physician.

**Over-the-counter** medication must be sent to school by parent or guardian in the original container, marked with the student's name. Only the instructions on the container will be followed (instructions on container must be readable) unless a physician provides alternative instructions.

### **The following procedures must be followed for medication to be dispensed:**

1. The parent or guardian must provide all medications to be administered at school. Because of limited space, medication should be brought to school in the smallest size you can purchase.
2. A medication authorization form signed by a parent or guardian must be on file at the school. This request will expire at the end of each school year.
3. The first dose of medication must be given by the parent or guardian.
4. All medication must be kept in the area designated by the Principal. Students requiring medications will be responsible for reporting to the Health Office at the specified time.
5. It is required that medication that is a controlled substance (Ritalin, Adderall, etc.) be brought to school by the parent or guardian in a bubble pack as it must be counted weekly.
6. If you child requires any exception to this general procedure, such as self-administration, see the school nurse.

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Student Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Time of Administration \_\_\_\_\_ Duration to be Given \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Should short-term medication (cough medicine, antibiotics, etc) be sent home daily? Yes \_\_\_\_ No \_\_\_\_

### **Permission/Release Statement to be completed by Parent or Guardian**

I hereby give permission for designated school personnel to dispense the above named prescription or over-the-counter medication to my child, named above. I certify that he/she has previously had at least one dose of the medication and did not have an adverse reaction from it. I understand that any school employee who administers this medication to my child in accordance with the written instruction from the medication label shall not be liable for damages as a result of an adverse reaction suffered by the student because of administering such drug or because of mislabeled or altered product. For prescription medication, I hereby authorize a USD 489 school nurse to exchange information with the prescriber and with the pharmacy identified on the affixed pharmacy label.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Phone Number