

Authorization for Administration of Medication at School

Name of Student: _____ Birth Date: _____

School: _____ School Year: _____ Grade: _____

Medical Condition	Medication	Strength mg/mL	Dose # of pills	Time(s) Frequency	Route

Start Date: _____ Stop Date: _____

(All authorizations expire at the end of the school year or at the end of extended school year summer school programs)

Name of Licensed Provider

Signature of Licensed Provider

Clinic Name and Address

Fax Number

Phone Number

Date

- The student may carry their EpiPen with them, plus one will be provided for the health office
- The student may self-administer their EpiPen and/or inhaler, if deemed appropriate by the School Nurse
- The student may carry their prescribed inhaler with them. One WILL/WILL NOT be provided for the health office

Note: Medication must be supplied in the original bottle (prescription or over the counter) in the correct dosage (i.e. half pills, whole pills). Medications are NOT allowed on the school bus and must be dropped off in person by an adult. For more information, please reference policy #516 which can be found on the district website. .

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by the student's licensed provider. I also request that medication(s) be transported/given on field trips as prescribed.
2. I release school personnel from liability in the event of adverse reactions that result from taking medication(s).
3. I will notify the school of any change in the medication(s) such as a dosage change or the medication being discontinued.
4. I give permission for the school nurse or designee to communicate with the student's teachers about the student's health condition(s) and medication(s).
5. I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.
6. I will obtain any medication that is unused at the end of the school year. Those medications not obtained by parent/guardian will be given to law enforcement for destruction.
7. **I give permission for the school nurse or designee to consult with the above named provider if any questions arise regarding the medication(s) or medical condition(s) being treated by the medication(s).**

Parent/Guardian Signature

Relationship to Student

Phone Number

Date

*For prescription medications, a signature from the licensed provider is required to administer medication.

*For non-prescription medications (over the counter), a parental signature alone is sufficient for students in 9th grade or above. For students in early childhood through 8th grade, a license provider signature is required.

District Fax Numbers: Ed Center (651) 674-1210; Sunrise River School (651) 647-1110; Middle School (651) 674-1310; High School (651) 674-1510