

Authorization and Permission for Administration of Medication Form

A separate form must be used for each medication. Forms must be updated annually.

Name of Student _____ Birthdate _____ Grade _____

Please check only ONE line:

_____ I request and authorize that a school staff member administer the medication described below.
[NOTE: School staff will not administer any medication that is required to be administered above the knees or below the shoulder and neck.]

_____ I request and authorize that my child be permitted to self-administer the medication described below.

Medication to be given at school function:

Medication Name _____

Form (for example, liquid, capsule, cream, etc.) _____

Amount per Dose _____

When or how frequently should it be administered: _____

Additional administration instructions (if any; no reply will be taken to mean "none"):

At any time, has the child previously been administered this medication? _____ Yes _____ No

If yes, what side effects occurred (no reply will be taken to mean "none")

Pharmacy Name & Phone Number: _____

Prescribing Physician & Phone Number: _____

- I hereby authorize the storage and administration of medication and any necessary equipment to administer the medication as set forth above and on the medication's container.
- **I understand that I must immediately & in writing advise the school office of any change in the information set forth in this form.**
- I am aware that non-medical personnel may administer medication to my child.
- **I authorize school staff members to contact, consult and obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist set forth above.**

- In the event of an emergency or side effects deemed by school staff to be severe, I authorize school personnel to take action to assist my child, including, but not restricted to notification of medical personnel, transportation to facilities where medical attention may be administered, and first-aid attention, and I will assume all of the financial responsibility for such treatment, including transportation.
- **I understand that this information will be shared with school personnel on an as needed basis.**
- I hereby release the school and its contractors and each of their boards, employees, agents and representatives from any and all liability for damages either we or our child may incur as a result of this request.

I understand and agree to the above authorizations:

Signature: _____

Name: (print) _____

Date: _____

Home phone: _____

Cell phone: _____

Work phone: _____