

AUTHORIZATION TO ASSIST STUDENT
WITH SELF-ADMINISTRATION OF MEDICATION

Medication shall be administered only when the student's health requires that it be given during school hours. It is the parent's/guardian's responsibility to bring the medication to school and remove any unused medication when treatment is required. All prescription medications must be brought to school in the original container labeled by the pharmacy to include the following information:

- Name of student
- Prescription number
- Name of medication and dosage
- Administration route or other directions
- Date
- Licensed prescriber's name
- Pharmacy name, address, and phone number

All non-prescription medication must be brought to school in the original manufacturer's labeled container with the ingredients listed and the child's name affixed to the container. No more than a month's supply should be brought to school.

Student's name _____

School _____ Grade _____

I request that school personnel assist the above name student to self-administer the following medication while in school and away from school for school activities.

Name of medication _____ Dosage _____

Physician's name _____

How medication is to be taken (orally, topically, inhalation, injection) _____

Time (s) medication is to be taken _____

Possible side effects, if known _____

Reason medication is needed at school _____

Date the last dose of this medication is to be taken _____

I understand that my son/daughter will self-administer the medication with assistance from school staff and I declare that he/she is competent to do so. I will assume full responsibility for any side effects and complications my child may have as a result of taking this medication.

I have received, read, and understand these medication guidelines.

Parent/Guardian Signature _____ Date _____

Parent's/Guardian's Name _____

Home phone # _____ Work # _____ Emergency phone # _____

Comments _____