

## Medication Authorization Form

To the Physician:

When necessary for a student to self-administer OR have the school Nurse administer medication during the school day, the following directions to the school personnel/nurse from the physician are required:

Name of Student: \_\_\_\_\_ Medication/Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Duration: \_\_\_\_\_

The diagnosis is: \_\_\_\_\_

The desired effect is: \_\_\_\_\_

The side effects are: \_\_\_\_\_

\*\*For Inhaler/Epi-Pen: Student may self-administer and carry: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the Parent/Guardian:

I hereby give permission for my child to take \_\_\_\_\_ as prescribed by the above physician.

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I authorize Heritage School District and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child, or allow my child to self-administer while under the supervision, medication in the manner described above. I further acknowledge and agree that when the medication is administered or attempted to be administered, I waive any claims I might have against Heritage School District, its employees and agents, either jointly or severally from and against any and all claims, damages, causes of actions, or injuries incurred or resulting from the administration or attempts of said medication. I understand that my child is responsible for going to the office at the appropriate time for the medication and that the school may contact the physician or other health care professional if there are problems regarding the medication or administration of the medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Medication must be in the container you receive it in by the pharmacy. It must be properly dated and labeled with your child's name, dose, and time to be given.

\*\*Please note that if the dosage changes during the school year, a note from the physician is required.