



Parental Authorization for Administration of Medication at School 2020-2021

Student _____

Grade _____ Teacher _____

Name of Medication (please indicate generic as well as brand name)

Dosage _____ Specific time(s) to be given _____

Other instructions and special concerns

I certify that I am the parent, legal guardian, or other person in the legal control of the above identified student. I request and authorize the school to administer the medication prescribed.

I understand the medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication and the amount to be given. Non-prescription medication must be furnished in the original container from the manufacturer. All medication must be in a form ready to be administered and must not require any preparation by school staff.

It is the parent's responsibility to deliver and maintain an adequate supply of the medication at the school. The medicine may not be delivered by the student.

I understand that my signature indicated that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions. In the event that the student does not report at the appointed time to the school employee who regularly administers the medication, I understand the dosage may be delayed or missed. If there is any medication left at the end of the school year, it will be destroyed if I do not pick it up within 5 working days after school is out.

As a general rule the school will not administer prescribed medication during field trips. I understand that in those instances where medication must be administered, I will make arrangements at least 24 hours prior to the field trip with a school employee who will be accompanying the student on the trip.

Parent/Guardian Signature: _____ Date: _____

Telephone Number: Home _____ Work _____