GREENVILLE AREA SCHOOL DISTRICT

MEDICATION AUTHORIZATION FORM FOR ADMINISTERING PRESCRIPTIVE AND NON-PRESCRIPTIVE MEDICATIONS TO STUDENTS

The Greenville School District recognizes that parents have the primary responsibility for the health of their children. Although, the district strongly recommends that medication be given at home, it realizes that the health of some children requires that they receive medication while in school. When medication prescriptive or non-prescriptive (Tylenol, Motrin, etc.) must be given during school hours, certain procedures must be followed.
Instructions: To the nurse or school district designee for the medication or treatment required during the school day.

SECTION I

Name of Student_____ **Home Phone**_____

School_____**Grade**_____**Teacher**_____

SECTION II

To be completed by the physician and parent for any medication given at school (prescriptive or non-prescriptive).

Name of medication or nature of treatment_____

_____

Purpose of medication/treatment_____

_____

Date medication /treatment is to begin_____**Date ceases**_____

Dosage_____**Time of dosage**_____

Special instructions (if any):_____

_____

Procedure to follow if reaction should occur:_____

_____

Person to contact_____**Phone**_____

Does the medication require refrigeration? (Circle one) Yes No

Please return this form with the medication
Hempfield fax number - 588-5036 , East Elem. Fax number is 588-1319, High School Fax is 588-4397

_____
Signature of Physician **Date**

I hereby authorize the medication/treatment listed above to be administered to my child. Furthermore, I release the Greenville School District and its employees from liability claims which may be brought as a result of district employees carrying out their assigned duties in good faith. I hereby certify the information provided to the medical staff of the Greenville Area School District concerning the administration of the medication to the above student is true and correct.

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Signature of Parent/Guardian **Date**