Authorization to Assist Competent Student with Self-Administration of Medication

Medication will be administered during school hours only when their health requires it. It is the Parent/Guardian responsibility to bring medication to school, in its ***original*** container. All over-the-counter medications must be clearly marked with the student's name. Prescription medications must include the following information on the label: Student Name, RX number, Pharmacy name and phone #, RX date, ordering Physician's name, and medication name, dosage, and route of administration. It is the Parent/Guardian responsibility to remove any unused portion of medication when treatment is completed.

Parental Consent for Student Medication Use:

I request that school personnel assist my student with self-administration of the following medication during school hours.

Today's date: ____/____/____

Student Name:_____Teacher:_____Grade:_____

Medication Name:_____Dosage:_____

Route of administration: (circle) by mouth inhalation injection topical (Skin)

Reason medication is to be taken: _____

Time medication is to be taken:_____daily at_____am/pm

_____every_____hours as needed for symptoms

Ending date of treatment: ____May be used as needed until May _____(year)

____Treatment to end on _____/_____/_____

I declare that my student is competent to self-administer the medication with assistance from staff and I assume full responsibility for any side effects or complications my child may have because of taking this medication.

Parent/Guardian Signature_____Date_____/_____/_____

Parent Contact phone #_____

Other Emergency Contact #

May																														
Apr																														
Mar																														
Feb																														
Jan																														
Dec																														
Nov																														
Oct																														
Sept																														
Aug																														
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Initial spaces as administered Signatures ( ) _____ ( ) _____

Exceptions: A = absent /= weekend H=Holiday/no school scheduled O= other (list on back)