Jefferson County Schools

Parent/Guardian/Medical Authorization Form to Dispense Prescription Medication

This Form is Good for Only One School Year 2018-2019

Policy 6.405

I.To Be Completed by Parent/Guardian: (for any medication to be administered during school hours).

Name of student _____ Date of birth _____

School _____ Teacher _____ Grade _____

Name of parent/guardian (PRINT): _____

Parent/guardian's home phone: _____ Work phone: _____ Cell phone:_____

Emergency contact (name and phone): _____

II. Prescription Medication: This section to be **completed by the physician/nurse practitioner for prescription medications** that **must** be administered during school hours. All medications must be in the currently dated pharmacy/physician labeled container.

Physician's name: _____phone #_____

Pharmacy name: _____phone # _____

Diagnosis for this medication: _____Duration or last date to be given at school: _____

Name of medication and dosage to be given at school: _____

Time, frequency and route (orally, topically, inhalation, injection): _____

- PRN medications: if medication is to be given as need, describe symptoms: _____
- IF **INHALER**, is student competent & allowed to **carry the *inhaler on their person* at school**? ☐ YES ☐ NO
- IF **EPI-PEN**, is student competent & allowed **to carry the *epi-pen on their person* at school**? ☐ YES ☐ NO

OTHER NOTES:

PHYSICIAN'S SIGNATURE: X _____ **Date:**_____

I understand that my child will self-administer the medication with assistance from school staff, licensed nurses or trained unlicensed personnel, and I declare that my child is competent to do so. I authorize the school RN to train unlicensed staff to administer my child's medications, following state and federal guidelines. I understand that the school system is not liable for and that I assume full responsibility for any side effects and complications my child may have as a result of taking this medication. The parent/guardian is responsible for informing the school of any changes in the student's health or changes in medication. No medication will be administered until information is completed and returned to the school. Medication change requests must be accompanied by the physician's authorization and a new correctly labeled prescription bottle. An up-dated medication authorization form must also be signed by the parent/guardian. Only one form is to be used per medication. Medication must be brought to school and picked up by a responsible adult. School nurse may communicate with the physician about student health information and share health records.

Parent/guardian's signature:X Date:

MUST BE RENEWED EACH SCHOOL YEAR

Rev. 3.15.18 rc