

Authorization to Receive Medication at School

In order for a student to carry and administer an Asthma Inhaler, Epi Pen or Insulin in school, class trips or after school enrichment class or activities, the Authorization for Self Medication form (found on the back of this form) must also be signed by the physician and the parent. These are the only medications a student can carry/administer during school, class trips, after school enrichment classes or activities.

If under exceptional circumstances, your child is required to take any prescription or non-prescription medication during school hours, only the school nurse will administer the medication. All medication must be in the original prescription container, properly labeled and this form must be completed by the physician and match the medication on the medicine container.

No medication is to be transported by the student unless the **Authorization for Self Medication form** (see back of this form) is on file in the nurse's office. The parent/guardian must give the medication to the school nurse or the school office.

The nurse is not authorized to dispense Tylenol or any over the counter medicine without written authorization from both the physician and the parent. This is not only a diocesan policy, but also a state policy. Thank you for your cooperation.

Student's Name _____ Grade _____ Date _____

Diagnosis _____

Medication _____ **EXACT DOSAGE _____
(Please check dosage prescribed by the physician with the medication you provide to the school nurse.)

Frequency _____ Time to be given _____ Termination Date _____

Side Effects/Cautions _____

Physician's Signature X _____ Phone # _____

I assume responsibility for informing the school nurse of any changes in my child's health or change in medication. I give permission to the school nurse to administer the above medication noted. I will be notified if the nurse is unable to administer the medication.

If I wish **my child to carry and administer an Asthma Inhaler, an Epi Pen or Insulin in school, class trips, after school enrichment classes or activities, I will provide an Authorization for Self Administration form signed by the physician and parent.** These are the only medications my child can carry/administer on their own in school, class trips, after school enrichment classes or activities.

I understand NO medication will be administered without the correct medication, correct dosage and the complete medication orders signed by the physician and the parent.

Parent's Signature X _____ Date _____

Home Phone _____ Work Phone _____ Cell _____

Authorization for Self Medication of Epi Pen, Insulin or Asthma Inhaler

This form and the **Authorization to Receive Medication in School** needs to be signed if the student will *carry and administer* Epi Pen, Asthma Inhaler or Insulin in school/class trips/after school enrichment classes or activities.

_____ has been instructed and is capable of self administering _____.

I request that he/she self administer this medication as I have ordered on the attached **Authorization to Receive Medication in School** form.

X _____
Physician's Signature **Date**

I request that my child self administer this medication when in school/class trips/after school enrichment classes or activities. As parent/guardian, I acknowledge that the district and/or school employees there shall not be held liable for any injury arising from the self administration of medication by this student.

X _____
Parent Signature **Date**