

# STUDENT MEDICATION AUTHORIZATION FORM

*Needed when a student requires prescription and non-prescription medication to be taken at school.*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

## **School medications and health care services are administered following these guidelines:**

- Physician/prescriber signed and dated authorization to administer the medication
- Parent/guardian signed and dated authorization to administer the medication
- Medication must be in original labeled container as dispensed or the manufacturer's labeled container
- Medication label must contain student's name, name of the medication and directions for use and date
- Annual renewal of authorization and immediate notification of changes are required

## **Physician Authorization:**

\_\_\_\_\_  
*Medication/Treatment*

\_\_\_\_\_  
*Dosage*

\_\_\_\_\_  
*Time to be Administered*

\_\_\_\_\_  
*Intended Effect of Medication/Treatment*

\_\_\_\_\_  
*Side Effects, if any*

\_\_\_\_\_  
*Other Medication the Student is Taking*

May student self-administer medication under supervision of a school designee? \_\_\_\_Yes \_\_\_\_No

Administration Instructions: \_\_\_\_\_

Date to Discontinue, Reevaluate or Follow-Up: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Physician's Address*

\_\_\_\_\_  
*Physician's Emergency Phone Number*

## **Parent Authorization:**

*I acknowledge that I am primarily responsible for administering medication to my child. In the event that I am unable to do so or in the event of a medical emergency, I authorize my child to self-administer while under the supervision of an employee or agent of Kalamazoo RESA, Career & Technical Education and/or Education for the Arts, lawfully prescribed medication in the manner described above. I further acknowledge and agree that when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against Kalamazoo RESA, Education for the Arts and/or Career & Technical Education, host school districts, their employees and/or agents arising out of the administration of said medication.*

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Parent's Phone Number & Emergency Number*

\_\_\_\_\_  
*Date Signed*

Additional Information: \_\_\_\_\_