

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, Education for the Arts and/or Career & Technical Education, 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: _____