

## AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

District policy states that medication may be given to students only upon the written request of the student's physician and parent.

All medication sent to school must be in the original package. Prescription medications must be in the labeled pharmacy container. The label must include: the student's name, physician, name of the medication, dosage, and time to be given. Unclaimed medication at the end of the school year will be discarded.

This form must be completed and returned to the school nurse before the medication can be given and must be updated every school year.

### TO BE COMPLETED BY THE DOCTOR:

Student's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication and dosage: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Can the student carry their asthma inhaler or epi-pen with them? \_\_\_\_\_

Special instructions: \_\_\_\_\_  
\_\_\_\_\_

Other medications student is receiving: \_\_\_\_\_

I request that the school nurse administer the above medication. Permission is also given for the nurse to contact the authorized prescriber as needed. I understand that in the nurse's absence, the student may be allowed to self-medicate under staff supervision.

District 211, along with its employees: incur no liability (except for willful and wanton conduct) as a result of injury arising from the student's self-administration of asthma medication. The parent/guardian also indemnifies and holds harmless District 211 and its employees against any claim (except a claim based upon willful and wanton conduct).

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

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date