The School District of Sevastopol

Prescription Medication
Authorization Form

Student's name: _____ Medication: _____

Dosage: _____ Time to administer _____

Reason medication is prescribed: _____

_____ I authorize the above medication be given as indicated to my son/ daughter by his/her physician by school personnel as designated by the building principal.

_____ I authorize my son/daughter to possess and use a metered dose inhaler or dry inhaler for asthma while in school, at school sponsored events or while under supervision of a school authority.

- Parent/Guardian's signature_____

Date_____

- Signature acknowledges that I have talked with/trained school staff proper medication dispensing to my child.
- Principal Signature _____ _____
  date

- See back for dispensing dates, times and who administered.

Medication Dispense Chart

Student's Name _____ Grade_____

Medication Dosage: _____

Route: _____

- **Please indicate time administered and initial of person dispensing medication. Also indicate if student is absent.**

Week of:	Monday	Tuesday	Wed.	Thursday	Friday

Administering Medication to Students Form

Sevastopol School policy states that medication should be administered to schoolchildren by parents at home. Under exceptional circumstances, school personnel may dispense medication, but, before any medication is given, the following procedures must be followed.

1. Parents or legal guardians shall request and authorize in writing that the principal designate school personnel to administer medication to students.
2. All prescription medication shall be kept by school personnel in a locked cubicle or other safe place at school, unless otherwise authorized by the principal. The label on the container from the pharmacist shall contain the name and telephone number of the pharmacy, the student's identification, name of the physician, name of the drug, dosage, date, and when the medicine is to be given. Sections 5A and 5B of this form must be completed before prescription medication can be administered.
3. Prescription medication must be delivered to the appropriate principal's office by the parent/guardian or designated adult. Students are not to bring prescription medication to school.
4. Parents/guardians may request non-prescription medication to be administered by completing sections 5A and 5B of this form. Parents/guardians are cautioned that non-prescription medication administration should be requested on a limited basis.

5. A. <u>Parent completes:</u>

Student_____ Birthdate_____

Address_____ Phone_____

School_____Grade_____ Teacher_____

I hereby request and authorize the principal or designee to dispense medication prescribed by the below named physician, to my child. I authorize school personnel to contact the physician directly regarding this medication and its effects. I was informed about the medication dispensing policy.

_____ _____

parent signature **date**

. . . . . .

5. B. <u>Physician completes:</u>

Medication/specific instructions: _____

_____

Side effect requiring physician notification:_____

Physician signature_____ **Date**_____