BETHANY SCHOOL DISTRICT

AUTHORIZATION FOR MEDICATIONS TO BE ADMINISTERED AT SCHOOL

Student: _____ Date of Birth: _____ School Year: _____

Drug Allergies: ☐ Yes ☐ No If yes, please list: _____

Medication: _____ Time(s): _____ Duration: _____

Dose: _____ Route: _____ Reason: _____

Route is the manner in which the medication is given (by mouth, inhalation, nebulization, etc.)

……

Parent/Guardian Authorization

- **I understand that I am to provide all necessary medications**
- **I understand that parent/guardian authorization is required for any prescription or non-prescription medication to be given at school. ALL prescription medications must have a physician or licensed provider authorization**
- **I understand that parent/physician order is required for any prescriptive medication to be given at school. Non-prescription medications require parent approval**
- **I will notify the school nurse immediately if my child's health status changes, or there is a change or cancellation of the medications**
- **I understand all medications must be provided with an accurately labeled prescription container (please ask your pharmacist for the medication to be divided into two bottles completely labeled for school and for home). Non-prescription medications provided by a parent must be in the original container with label and directions**

Parent/Guardian Signature: _____ Date: _____

☐ **I authorize the school nurse to contact the licensed provider as needed concerning my child's health needs, the actions of the medications, and to clarify administration instructions.**

Physician/Clinic: _____ Telephone: _____

……

PHYSICIAN AUTHORIZATION REQUIRED FOR ALL PRESCRIPTION MEDICATIONS

PHYSICIAN AUTHORIZATION

☐ I have reviewed the medication plan and approve of it as written

☐ I have reviewed the medication plan and approve of it with the attached amendments

☐ List special instructions and/or possible side effects: _____

Physician Signature: _____ Date: _____

The above medication may not necessarily be administered by a school nurse. The medications may be administered by school personnel trained and supervised by the licensed school nurse.