

HARLAN COMMUNITY SCHOOLS
AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

STUDENT NAME: _____

DATE: _____ DOB: _____ GRADE: _____

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

- Parents signed, dated authorization to administer the medication
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.
- A physician must sign this form for any prescription to be administered at school.
- A physician's signature is required if an over-the-counter medication is to be taken more than five consecutive days.

Medication: _____

Dosage: _____ Time to be give at school: _____

Prescribing Physician's Name (printed): _____

Prescribing Physician's **Signature**: _____

(Required for prescription medications and over the counter medications administered for more than five consecutive days)

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or no-prescription instructions and a record be maintained. The student has experienced **NO** previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I hereby release the school from any claims of negligence for the administration or for failing to administer this medication to my child. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

Parent Signature: _____

Date: _____ Daytime Phone: _____



Date Given	Signature of staff member