Medication Authorization

School: _____ School Year: _____

Student's Name:_____ Student ID #:_____

Grade:_____ Date of Birth:_____

Allergies:_____

Name of Medication: _____
Dose to dispense:_____
When to dispense:_____

If multiple medications please use back of sheet.

Parent/Guardian Permission

I request that the school nurse, or other authorized individuals at my child's school administer medication(s) that are included on the attached form as indicated or prescribed.

Myself, or a designated, responsible adult will be responsible for bringing prescription or over-the-counter medication(s) to school in an appropriately labeled container from the pharmacist, or manufacturer's container. I also understand that I am responsible for making sure my child has enough medication maintained at the school, for the school year. Failure to do this will result in an interruption of the prescriber's order or discontinuation of administration of medication(s) for my child. I understand in the event my child refuses to take medication(s), it will not be administered, and the parent will be notified.

I give my permission for the school nurse, or other designated personnel to communicate with the prescriber in regards to the administration, side effects, response, and contraindications of prescribed medication(s).

I confirm that my child has previously taken the medication(s) listed and has not experienced any adverse reactions.

My child has not taken this medication before, but this medication(s) is intended for emergency use.

_____ _____ _____

Signature of Parent/Legal Guardian **Relationship** **Date**

_____ _____

Print Name **Telephone Number**

Campbell County Public Schools Student Medication List

Please list all daily, PRN(as needed), and/or over-the-counter medications that your student will be taking during the school day below.

Name of Medication (Generic & Brand)	Purpose	Dose	Route	Frequency	Time(s)	Possible Adverse Reactions or Contraindications	Authorized to Self-Carry & Administer

The information listed shall be effective through the current school year, and summer school if warranted. If changes or discontinuation occurs with any of the listed prescribed medication(s), the parent will notify the school, and supply written documentation from the Prescriber