

Authorization and Release for Administering Medicine to Student at School or School-Sponsored Event



A separate written Authorization and Release must be submitted each school year for each medication to be administered to a student, and for each change in the dosage, time(s) and/or route of administration.

Student Name: _____ Grade: _____ Teacher: _____

School: _____ Phone: _____ Fax: _____

Name of Medication: _____ Dosage: _____

Instructions for administration: _____

Start date: _____ End date: _____
(All Authorizations expire at the end of the school year)

Possible side effects of the medication: _____

Special Instructions: _____

Printed Name of Health Care Provider: _____ Office Phone: _____

Signature of Provider: _____ Date: _____

Parent/guardian Request, Permission and Release

I hereby request and give my permission for Morgan County Re-3 School District to administer to my student the medicine named in the above Health Care Provider Authorization and Directions, as specified by the health care provider. In connection with my request, I hereby authorize the health care provider to provide information to the school district personnel who may be involved in administering the medicine to my child. If my request is granted

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian: _____

Prescription Medication: Must be furnished to the school in the original pharmacy labeled container. The student's name, name of the medicine, dosage, instructions for administration and the name of prescribing health care provider (who is required to furnish Health Care Provider Authorization and Directions above), date prescription was filled, and expiration date must be printed on the medicine container's pharmacy label.

Nonprescription Medication: Must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine and labeled with the student's name. The directions for administration must be written on an official **Authorization and Release for Administering Medicine to Student at School or School-Sponsored.**

School Nurse Signature _____

Date _____