

**SAYDEL COMMUNITY SCHOOL DISTRICT
AUTHORIZATION & PERMISSION FOR ADMINISTRATION OF MEDICATION**

Student's Name Birth date School

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

- Parent 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.

Name of medication: _____

Dosage: _____

Time to be given at school: _____

Route: _____

Doctor prescribing the medication: _____ Ph # _____

Additional information or administration instructions:

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions and a record 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 reasonable prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

Parent's signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

NOTE: This form is needed for students to take prescription AND over the counter items such as: aspirin-type products, cough drops, lotions, anti-itch medications, etc.