

Peyton School District

Physician's Authorization for Administration of Medication by School Personnel

- Students taking required medication(s) prescribed by a physician during regular school days or other school activity that is supervised by school staff may be assisted by the school nurse or other designated school staff who are trained/supervised by the school nurse.
- Medications are administered to students only if the school district receives specific written instruction from such physician and the parent or guardian of the student.
- Physician, please give specific parameters to administer medication. Designated school staff can not make medical judgment to administer "as needed" medication.

Authorization to Assist in Administration of Medication

The medication below may be administered by designated personnel

Student:		Grade/Teacher:	
Medication:		Dosage:	
Medication is given for what diagnosis/condition?			
Route (oral/topical/inhaled/other)		Time of day/frequency to be given:	
Anticipated length of time to be given at school:		<i>(Please give parameters to administer; do not state "as needed")</i>	
Purpose of medication:			
Possible side effects:			
Physician Signature/Stamp:		Date:	

Parent's Request That School Administer Medication

I request that medication be administered to my child by the school nurse or other designated member of the school staff in accordance with the instructions on the Physician's authorization.

Please give my child their medication at:

(special instructions, what time, with food, before PE, etc.)

- I understand that it is my responsibility to furnish this medication in a pharmacy labeled container indicating: child's name, name of drug, dosage, and instructions for administration. Any over-the-counter drugs, such as Tylenol, must be in a new, unopened bottle with all labels intact and accompanied by doctor's and parent's written instructions.
- I will notify the school immediately if the medication is to be changed or terminated or if we change physicians.
- It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by Peyton School District, the undersigned parent or guardian hereby agrees to release Peyton School District and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my person for _____ (student's name) to take the above named prescription at school as ordered.

Parent Signature: _____ Date: _____