

**AUTHORIZATION/PARENTAL CONSENT FOR ADMINISTERING MEDICATION**

Name of student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

School policy requires that all students who need medication during the school hours must do the following:

- 1. All medicine (prescription and over the counter) must be provided by the parent.
- 2. All medication must be in the original container with appropriate labeling.
- 3. All medication to be given at school **must** be accompanied by a note signed by a parent giving authorized school personnel directions for its administration (time and dosage).
- 4. All medication is to be brought to and kept in the school nurse's office or school office.

I give permission for my child to receive the following medication at school as directed. I hereby acknowledge that I have read and understand the guidelines for administration of medication in the student handbook. I hereby release Santa Gertrudis employees and its employees from any claims or liability connected to the administration of this medication. I authorize a representative of the school to share information regarding this medication with the licensed prescriber or student's doctor.

\_\_\_\_\_  
Parental Signature Date

\_\_\_\_\_  
Contact phone numbers

- 5. All prescription and non-prescription drugs to be administered at school for longer than 15 days must be accompanied by written authorization of the prescribing health care provider and parent or guardian requesting this service.

Name of medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_ Length of time \_\_\_\_\_

Reason for medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

\_\_\_\_\_  
Physician's signature ( for medication >15 days) DATE

