

Work Phone

- 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 medication, directions for use and date
- Annual renewal of authorization and immediate notification, in writing, of changes.

Reason for Medication / Procedure / Anticipated Side Effects:

Prescriber

Date

| | |
|------------------------------|--------------------------------------------|
| Prescriber's Emergency Phone | Discontinue / Re-Evaluate / Follow-up Date |
|------------------------------|--------------------------------------------|

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 reasonably 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

RECORD OF ADMINISTRATION OF MEDICATION
(Use other sheet if necessary)

[illegible]