

Authorization and Permission For Administration of Medication

Student's Name (Last) (First) (Middle)

Birthdate School Date

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

Physician/Prescriber signed dated authorization to administer the medication.

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.

Physician Authorization:

Medication/Health Care Treatment Dosage Time to be administered

Intended effect of this medication Expected side effects, if any

Other medications student is taking

May student self-administer medication under supervision of Health Service personnel or designate?
(Please circle) YES NO

Administration instructions:

Discontinue/Re-Evaluate/Follow-up Date (circle one)

Prescriber's Signature

Date signed

Prescriber's Emergency Phone #

Prescriber's Address

Parental Authorization:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize St. John's Lutheran School and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of St. John's Lutheran School), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against St. John's Lutheran School, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify St. John's Lutheran School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Home Phone

Parent's Address

Business Phone

Date

Additional Information
