School Year _____

BAUGO COMMUNITY SCHOOLS

MEDICATION AUTHORIZATION FORM

Student Name _____ Date of Birth _____

School _____ Grade _____

****This section to be completed by a PHYSICIAN/PRACTITIONER for *PRESCRIPTION* medications****

MEDICATION NAME: _____ DIAGNOSIS _____

DOSAGE: _____ TIME: _____ ROUTE: _____

START DATE: _____ END DATE: _____ Or END OF SCHOOL YEAR: _____

❑ Student may self-carry this emergency medication.

❑ Student may self-carry this emergency medication but requires assistance with administration.

❑ Student may self-administer this emergency medication and has been instructed on how to do so.

PHYSICIAN/PRACTITIONER SIGNATURE: _____

Physician/Practitioner Name (Printed) _____ Date: _____

Address: _____ Phone: _____

****This section to be completed by a PARENT/GUARDIAN for *ALL* medications****

- I understand that on delayed start days, morning medications WILL NOT be given UNLESS INSTRUCTED BY PARENT. I give instructions as follows for delayed start days: _____.
- I understand that all medications to be administered MUST be sent in original, labeled container. I understand that all prescription medications must include most recent pharmacy label. I understand medications should be delivered to the school nurse by an adult.
- I understand that any changes to medications to be given at school require a new medication authorization to be completed. If a medication is to be discontinued, I agree to notify the school nurse in writing.
- I have received, read, and understand the medication administration policy for Baugo Community Schools.

I give permission for exchange of verbal and written communication between the physician and the school nurse regarding my child's medication regimen and condition. I request that my child:

❑ Self-carry this emergency medication with prescriber permission and/or

❑ Self-administer this emergency medication with prescriber permission or

❑ Be assisted in taking the above medication by authorized school personnel

I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from the self-administration of this medication at school.

Parent/Guardian Signature: _____ Date: _____