



Parental Authorization for the Administration of Medications to Students at School

Updated June 2016

The undersigned are the parent(s) or persons in charge of

NAME _____

He/she may receive, from the school nurse or authorized school personnel, over the counter medications as needed and prescribed medications as ordered.

Upon showing proficiency, the student may self-administer their medications at school.

I acknowledge that SCCS and its employees, by law, incur no liability, except for gross negligence, as a result of any injury arising from self-administration.

The following prescribed medication(s) may be administered daily or as needed.

Prescribed medications at school must be in the original container and have the following information:

- | | |
|----------------------------|----------------------------|
| 1. Student | 5. Route of administration |
| 2. Medication | 6. Prescribing physician |
| 3. Dosage | 7. Special directions |
| 4. Time to be administered | |

Side effects or allergies to ANY medications include:

MEDICATION _____

REACTION OR SIDE EFFECT _____

Information regarding medication may be shared with the appropriate school personnel and/or the prescribing physician if necessary.

If you would like to be notified or consulted before any meds are ever given at school, please check here:

SIGNATURE _____

DATE _____