

PARENTAL REQUEST AND AUTHORIZATION FOR
THE ADMINISTRATION OF PRESCRIPTION MEDICATION

I am the parent/guardian/custodian of _____ (Student's Legal Full Name)

Date of Birth _____ in the _____ School Building in Ogden

My Student's physician is _____, Telephone _____

Address _____

I request and authorize school personnel to administer the following medication to my child:

Name of Medication: _____

Date Prescribed: _____

Commence Administration on: _____

Last Day for Administration: _____

Dosage, Time and Method for Administration: _____

Special Directions and Signs or Side Effects to Observe: _____

On 2- hour delay days, will you give morning medications usually given at school at home? **Yes**____ **No** ____

If there are morning and afternoon medications given at school daily and there is a 2 hour late start, and student receives their morning medication later at school, will you give afternoon medication at home? **Yes**____ **No** ____

I understand that the medication must be delivered to the school office in its original container.

I understand that for prescription medication the pharmacy label must show the student's name, the date prescribed, the name of the medication, directions for use, the expiration date, the prescribing physician, the name and address of the pharmacy, any special storage or administration procedures and a description of any anticipated reactions.

I understand I must submit a revised statement if any of the information changes, as well as a newly labeled bottle from the pharmacy.

I understand this request and authorization must be renewed each school year.

I agree to cooperate with school personnel and the prescriber of the medications if questions arise.

I agree to timely safe delivery of the medication to and from school and to timely pickup for any remaining medication.

**** Please note in the event of any early dismissals prior to 11:30 for any reason, medications will not be administered. The nurse will not call to remind you. Please contact the District Nurse, if you have a concern.

Parent/Guardian/Custodian

Dated this _____ day of _____, _____.

Address

Phone Number