

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

PIONEER REGIONAL SCHOOL CORPORATION

Pioneer Elementary
Phone 574-643-2255
Fax 574-643-4029

PHS
Phone 574-643-3145
Fax 574-643-2020

Parents of students requesting **prescription medication** be administered during school hours by school staff are required to provide the school with:

1. the **physician's order**
2. a **parental authorization**
3. medication supplied in the **current original container**

Student's name _____ Date of Birth _____ Grade/H.Room _____

PRESCRIBER'S AUTHORIZATION

I have prescribed the following medication for this student & request that dosages be given during school hours.

Drug Name _____ Dose _____ Route _____

Time of Administration _____ If PRN, frequency _____

For Treatment of _____ Allergies NO YES (specify) _____

Relevant Side Effects None Specify _____

Print Prescriber's Name/Title _____

Phone _____ Fax _____

Prescriber's Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION

I request the above ordered medication be administered by school personnel as prescribed. I give the school nurse permission to communicate with the ordering physician about this medication. I understand this medication will be destroyed if not picked up following termination of the order or the last day of school. To promote safety for your child, medication information may be shared with school personnel working with your child and with emergency personnel, if they are called.

Parent/Guardian Signature _____ Date _____

Parent's Home Phone # _____ Cell/Work # _____

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent and must be approved by the school nurse in accordance with Board policy.

Prescriber's authorization for self-administration: Yes No _____
Signature Date

Parent/Guardian authorization for self-administration: Yes No _____
Signature Date

School nurse approval for self-administration: Yes No _____
Signature Date