

COLUMBUS ELEMENTARY SCHOOL

Authorization for the Administration of Medication by School Personnel

This form must be completed fully in order for the school to administer the required medication. A new medication administration form must be completed at the beginning of each school year and each time there is a change in dosage or time of administration of medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber
- Non-prescription medication must be in the original container with the label intact.

The Public Health Nurse (RN) for Stillwater County will call the provider, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Student _____ Date of Birth _____ Grade _____

Condition for which medication is being given: _____

Medication should be given from _____ to _____ (dates)

Medication Name (generic or trade)	Time(s) to be Given	Dose	Possible Side-Effects

Prescriber's Name and Title: _____

Address _____ Phone Number _____

Parent/Guardian Authorization:

In consideration of District personnel administering such medicine, the undersigned hereby releases said District and its personnel from all claims, demands and liabilities, direct and indirect, which may result or accrue by reason of administration of such medicine, the failure to administer it, or the improper administration thereof. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be destroyed.

Parent/Guardian Signature: _____ Date: _____

Home # _____ Cell # _____ Work # _____