

NORTHWEST AREA SCHOOL DISTRICT

School Health Services

Medication Authorization Form (rev 5/2022)

Physician/Health Care Provider:

Our school policy permits licensed school staff to administer medication to students under physician's care who require medication to be administered during school hours. **This form must be completed and on file for each medication (prescription or non-prescription).**

Name of Student: _____ Age: _____ Grade: _____

School: _____ Homeroom Teacher: _____

Diagnosis: _____

Medication: _____ (please consider alternatives for nebulizers)

Dosage: (please be specific) _____

Scheduled Time: _____

Please check _____ if medication is NOT NEEDED on field trip days.

Please check (if age/grade appropriate) _____ if student may *self-carry/self administer* (INHALER/EPIPENS only)

Duration (days, weeks, school year): _____ (this medication will automatically expire at the end of the school year unless specified to be discontinued sooner)

Special instructions/conditions to observe: _____

Date

Signature of Physician, Nurse Practitioner, Physician Assistant

Printed Health Care Provider's Name

Health Care Provider's Address

Telephone Number

Fax Number

Parents of students with severe asthma or allergies should contact the School Nurse to discuss a management plan including permission for the student to self-carry and self-administer medications such as inhalers and/or epi-pens.

The parent/guardian or adult designee must bring all medications to school, appropriately labeled by the pharmacy or physician, and in their original container. Medications must be picked up in the nurse's office at the end of the school year or they will be disposed of.

(Signature of Parent)

(Date)

(Telephone)

As the parent/guardian of the above named student, I relieve the school district and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/guardian authorized. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.