

RIVERVIEW GARDENS

SCHOOL DISTRICT

AUTHORIZATION FOR MEDICATION ADMINISTRATION

1. District personnel will not administer the first dose of medication, with the exception of emergency medication for severe symptoms of an allergic reaction, an asthma attack or a seizure.
2. All medication will be kept in a locked cabinet in the nurse's office. Students with written physician orders, written parent authorization, and written release of liability may carry emergency medication and self-administer such medication.
3. Written order from the physician is required for prescription medication to be administered at school. The label on the prescription medication(s) will be considered the equivalent of a physician's order provided the medication label contains the name of the student, name of the drug, dosage, frequency of administration, route of administration, and the name of the physician. Expired medications will not be administered.
4. Over the counter medication will be administered provided there is written permission from the parent and the medication is in the original manufactures packaging. The dosage will be administered, based on the manufactures instructions. The nurse will make the decision to administer medication based on her his/her nursing assessment.

Parent / Guardian Authorization

I hereby request and authorize the school nurse, or his/her designee, to give my child,

_____ the following medication _____.

I also authorize the nurse to consult with the physician regarding concerns or questions regarding the medication.

I release school personnel from liability should my child have an allergic reaction to the medication.

Parent Signature: _____ Date: _____

Home phone: _____ Mobile Phone: _____ Work Phone: _____

Physician's Authorization

I prescribe _____ be given to _____
Name of Medication Child's Name

Dosage to be administered: _____ Frequency/Time: _____

Diagnosis: _____ Side effects: _____

Self-administer (see above procedures #2): ___ Yes ___ No

Prescribing Physician's Signature: _____ Date: _____

Phone: _____

