AUTHORIZATION FOR ADMINISTERING PRESCRIPTION MEDICATION

Use a separate authorization form for each medication. Copy and complete as necessary. May be sent separately.

PARENTAL CONSENT

I am the parent or legal guardian of _____. I give my permission for him/her to take the following prescribed medication while attending Governor's School. I hereby release Governor's School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless of any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the licensed prescriber.

_____ _____ _____

PARENT/LEGAL GUARDIAN SIGNATURE | DAYTIME PHONE | DATE

MEDICATION AUTHORIZATION

To be completed by physician or licensed prescriber ONLY. *Please* print or type.

Relevant Diagnosis: _____

Medication: _____

Dates medication must be administered at school:
- ❒ Short Term _____ - _____
- ❒ Every day
- ❒ Episodic/Emergency Events ONLY

Dosage (Amount): _____ Route: _____ Form: _____Time(s) of day: _____

A. Can serious reactions occur if the medication is not given at the time prescribed, or if a dose or dosages are missed? If YES, please describe:

B. Do serious reactions/adverse side effects from this medication occur? If YES, please describe:

C. Action treatment for reactions: _____

Report to you? ❒ YES ❒ NO (Drug information sheet may be attached.)

Special handling instructions: ❒ Refrigeration ❒ Keep out of sunlight
❒ Other: _____

This student is both capable and responsible for self-administering this medication as prescribed:
❒ No ❒ Yes-supervised ❒ Yes-unsupervised

The Governor's School assumes students are medically stable and able to self-administer all prescribed medications. If there are any contraindications or disabilities that would preclude this student from self-administration of medication, please explain on the reverse of this form or attach another sheet.

Licensed Prescriber's Name: _____

Telephone Number: (_____)_____ Emergency Number: (_____)_____

Signature: _____ Date: _____