



AUTHORIZATION OF MEDICATION FOR STUDENTS DURING THE SCHOOL DAY

1. Request from a parent or guardian for permission for their child to receive medication during school hours must be accompanied by written authorization signed by the parent or guardian. A physician's signature is required on the Authorization of Medication for Students form, which details the name of the drug, dosage, and time interval for the medication, which the student is to receive. Schools may dispense only medication prescribed by a physician, and written parental permission must be obtained:

2. The medication, which has been prescribed by the physician, must be brought to school in a container appropriately labeled by the pharmacy or by the physician.

3. Medications are to be kept locked in a secure place (exceptions may be made for medicine which requires refrigeration). The person who has been assigned the responsibility for the security of the medication and for the delivery of the medication to the student will be an adult designated by the principal.

4. The person who has been designated by the principal to provide for the security of the medications and for the delivery of the medication to the student will maintain records of the delivery of the medication to the student as follows:

- a) The date and time each dose of medication is administered to the student under the authorized agreement and the name of the drug and dosage. This is recorded on the back of the Physician's Authorization of Medication for Student form.
- b) The date when the medication is discontinued.
- c) Medication which is delivered only "as needed" is to be recorded each time it is given.

5. Children who are to receive the emergency procedure for severe allergy to insect stings must have on file:

- a) Physicians Order Emergency Procedure for Use in Insect Stings.
- b) Statement and Release Regarding Allergic Reaction to Stinging Insects.

AUTHORIZATION OF MEDICATION FOR STUDENTS

Student's Name _____ Birth date _____

In order to keep this child in optimum health and to help maintain maximum school performance, it is necessary that medication be given during school hours.

Medication _____

Dosage (amount to be given) _____

Relationship to meals _____

How often and at what time _____

Side effects (expected or predictable) _____

No injection will be given except in extreme emergency, such as allergy to wasp or bee sting.

Child's parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the student manifest any of the following symptoms caused by the medication, please contact the parent or my office.

Contraindications for administrations _____

(Physician's signature) (Telephone number) (Date)

PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. On behalf of my child I absolve Socrates Academy and their agents and employees from any and all liability whatsoever that may result from my child taking this prescribed medication.

(Parent or guardian's signature) (Telephone number) (Date)