DESCRIPTOR CODE: FEAA-E1

MEDICATION AUTHORIZATION

NAME OF MEDICATION: _____

☐ **Staff Administration**	☐ **Student Self-Administration**

Date: _____ Student: _____ Grade: _____

Birthdate: _____ Teacher: _____

Responsible Staff Person(s): _____

Allergies of Student: _____

****

INSTRUCTIONS:

Dose:	Frequency:
How Given (route):	Continue Until:
Physician:	Clinic:
Phone Number:	Hospital:
Possible Side Effects:	

****

As parent/guardian of the above named student, I give permission for
Please Circle: My Child or Apple Creek Staff Administration
to administer the above medication during school hours. I agree to the following:

- ☐ School personnel may confiscate any medication not kept in its original container.
- ☐ School personnel may require the student to store the medication in a central location within the school.
- ☐ If the student self-administration has been checked, the parent/guardian believes the student understands the procedure of self-administration of the above medication.
- ☐ The parent/guardian will notify the school if the student's health status changes, or there is a change or cancellation of this medication.
- ☐ If the student self-administration is checked, the parent/guardian and student shall be solely responsible to assure that the medication is taken as prescribed.
- ☐ To have my child or Apple Creek Staff Administration fill out the attached administered medication chart.

In consideration of this authorization, the parent/guardian agrees to indemnify, defend and save harmless the School Board, the individual members thereof and any officials or employees of the School from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of the above described medications.

Parent/Guardian _____ Date_____

Phone (H) _____ (W) _____(C)_____

POLICY ADOPTED: 12 Jul 10
POLICY AMENDED:

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Date	Time	Signature	Comments	Date	Time	Signature	Comments

Ab=Absent Re=Refused Ns=No show Dc=Discontinued Ch=Changed