

Central City Public School Health Services
Authorization for Administration of Medication

Medication will be administered only in accordance with Medication Aide Act. Medications will not be administered during school hours except as necessary to provide appropriate educational services. Parents/guardians are encouraged to have medication given at home by the parent or by other responsible parties identified by the parent.

Central City Public Schools requires written permission per physician/PA/APRN and parent or guardian permission for nurse or in her absence, the principle and/or designated staff to administer medications. In the effect of over the counter medication only parental permission is required unless medication to be administered is above normal dosage recommendation.

Medication *must* be in pharmacy-prepared and/or in original containers and labeled with the name of student, name of medication, strength, dosage, frequency and name of physician/dentist/PA/APRN.

Dentist/Physician/APRN/PA Order

Name of Student _____ Date _____
Medication (name, dosage, and method of administration): _____

Time of Administration _____

Side effects to observe for if any _____

Comments: _____

Signature _____ Date _____

(Physicians signature)

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Authorization by Parent/Guardian for administration of medication

I request the above medication, as ordered by physician/dentist/APRN/PA to be administered to my child _____ by school personnel.

I understand that I must supply prescribed medication in the original container dispensed and properly labeled by the physician or pharmacist. I do understand that medication will be destroyed if not picked up within 7 days following termination of the medication.

___ I give permission for the school nurse to contact physician(s)/PA/APRN//or dentist if there are any questions or concern about my child's medication during the current school year.

___ I give permission for the school nurse to contact teachers or other members of staff at Central City Public Schools if there are any questions or concerns about my child during this school year.

Parent Signature _____ Date _____

Relationship to Child _____ Phone number _____