



Authorization to Administer Medication at School

Name of Student _____ Date of Birth: _____
Grade/Teacher _____ Clinic: _____
Physician's Name: _____

**INSTRUCTIONS FOR NON-PRESCRIPTION MEDICATION TO BE FILLED OUT BY
PARENT/GUARDIAN**

Medication: _____ Dosage: _____
Time to be Given: _____ Route: _____
Purpose of Medication: _____

I hereby give permission for _____ to take the above medicine at school as needed. I understand that it is my responsibility to furnish this medication and I will personally bring it to school in its original, labeled container.

Medication guidelines: The School District of Webster requires that all students who need prescription and non-prescription medications routinely during the school day provide the following:

1. A written note signed by a parent/guardian. The name and phone number of the physician or a script from the physician must be provided for prescription medication.
2. Prescription medication must be in the prescription bottle properly labeled by a pharmacist or physician. Non-prescription medication must be in the original bottle or packaging.
3. Students are not allowed to carry medications. All medication must be checked in with the school nurse. Asthma inhalers can be carried but the Health Office must be notified and parents must have written permission from the student's doctor.

Date: _____ Signature Parent/Guardian: _____
Revised 07/22/2020

Board of Directors

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Authorization to Administer Prescription Medication at School

Name of Student _____ Date of Birth: _____
Grade/Teacher _____ Clinic: _____
Physician's Name: _____

INSTRUCTIONS FOR PRESCRIPTION MEDICATION TO BE FILLED OUT BY PHYSICIAN

In my opinion, it is necessary to administer this medication during the school day.

Medication: _____ Dosage: _____

Time to be Given: _____ Route: _____

Duration to be Given: _____

Purpose of Medication: _____

Date: _____ Physician's Signature: _____

I hereby give permission for _____ to take the above medicine at school as ordered. I understand that it is my responsibility to furnish this medication and I will personally bring it to school in its original, labeled container (instructions/dosage must match physician's order). If the prescription is changed, a new form for parent consent and a new physician's order must be completed before school staff can administer the medication. I authorize the exchange of information regarding these medicines between my child's clinic and school for the duration of the school year.

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2. Prescription medication must be in the prescription bottle properly labeled by a pharmacist or physician. Non-prescription medication must be in the original bottle or packaging.
3. Students are not allowed to carry medications. All medication must be checked in with the school nurse. Asthma inhalers can be carried but the Health Office must be notified and parents must have written permission from the student's doctor.

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