ISD 318 SCHOOL HEALTH SERVICES

Authorization for Administering Medication
School Year: 2025-26

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Student:_____ DOB:_____Grade:_____School:_____

***ICD-10-CM Diagnosis Code (required):_____**

Medication (Include dosage): _____

Time to Administer:_____

List side effect concerns:_____

Health Care Provider Signature:_____ Date:_____

- ➢ Medication(s) will only be given with written parent permission and/or written physician orders from your Healthcare Provider.
- ➢ All medication(s) must come to school in the original pharmacy container, not baggies, envelopes, etc. Parents are asked to bring medication to the school office. Medication(s) SHOULD NOT be sent to school with students.
- ➢ Whenever possible, medication should be given at home instead of school.
- ➢ All medication (prescription or nonprescription) will be taken in the nurse's office. Students may not have medication in their possession, except with a written physician's order. (No controlled substance will be allowed to be self-administered even if a physician's order is presented)
- ➢ Please notify the nurse if there are any changes made in the medication to be given (dosage change, discontinued, hold, etc.). A new order will be needed to make changes especially if a new medication is prescribed.
- ➢ Your signature on this form also serves as a release for the nurse to exchange information with the Health Care Provider (verbally via telephone or in written form such as e-mail, fax or letter) and appropriate school staff regarding medication and health issues/concerns. This information is private data and will be kept confidential.
- ➢ I release the school personnel from any liability in relation to this request when the medication is given as ordered. I understand the school is rendering a service and does not assume any responsibility for this matter. I understand that a school nurse or designated person will administer the medication.
- ➢ Please notify the nurse of all medication your child is taking at home. This is important in case of an emergency.

Parent Signature:_____ Date:_____

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