AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL

In accordance with district policy and regulations regarding the administering of medication to students, the following information and authorization are required.

Medication must be sent to school in its original container with the student’s name affixed. This includes over-the-counter medications. In the case of prescription medication, it must be accompanied by the physician’s prescription (a prescription label is sufficient). Medication is only administered at school if it is required that it be given during school hours.

ALL MEDICATION, BOTH PRESCRIPTION AND NON-PRESCRIPTION, MUST BE SENT PROPERLY LABELED AND IN THE ORIGINAL CONTAINER. NO SELF-MEDICATING IS ALLOWED UNLESS PREVIOUSLY ARRANGED WITH AN ADMINISTRATOR.

☐ prescription  ☐ non-prescription

Student Grade ______ Preferred phone number/s to contact Parent ____________________________________________

Parent’s E-Mail _____________________________________________________________

Name of medication: _______________________________________________________

Dosage to be given: ___________ Time/s to be given: __________________________

Reason for medication: _____________________________________________________

Special Instructions: _______________________________________________________

I request and authorize Renaissance Public Academy dispense this medication in accordance with the directions above, and for prescription medication, at the direction of the physician. I understand that medication not picked up within 10 days of the end of the medication period, or the end of the school year (whichever I earlier), will be destroyed.

_________________________________________ Date ______________________

Parent/Guardian Signature

_________________________________________ Date _______________ Phone _____________

Physician signature (required for prescription medications if instructions provided herein are different than that on the prescription label.)

09-2013