



# Medication Authorization

Faith Lutheran School/Childcare

Date \_\_\_\_\_

Parents/guardians requesting medication administration to their child by school/childcare staff must provide written authorization before any medications are dispensed. **Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, date of the prescription, and date of expiration.** Prescription medications require physician orders or the physician's signature in Part III of this form.

## Part I - Student Information

Student's Name (Last, First, Middle)		
Date of Birth	Grade	School Year

## Part II - Medication Information

Effective Date <input type="checkbox"/> Current School Year <input type="checkbox"/> From _____ to _____	Medication requires prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication to be self-administered by child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Medication(s)	
Reason for Medication(s) (e.g., headache, asthma, etc.)	
Dosage (e.g., 1 tablet, mg, etc.)	Time(s) or interval between times to be given
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.	

## Part III - Physician Authorization

Physician's Signature	Print or stamp name	
Date	Phone	Fax

## Part IV - Parent Permission

I hereby request Faith Lutheran School and Child Care (FLS) personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless FLS and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student use medication, provided FLS staff members comply with the physician, parent, or guardian orders set forth in accordance with the provision of part II above. I have read the procedures outlined on the back of this form and assume responsibility as required.

Name of Parent/Guardian authorizing administration of medication	
Relationship to child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian/Other, explain:	
_____	
Signature of Parent or Guardian Authorizing Administration of Medication	Date
Print Name	Daytime Telephone Number

For School Use Only

Authorization form is complete & signed

Medication is appropriately labeled

Medication is in original container

Date on label is current

## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible so that the student will not lose valuable classroom time or have a shortened lunch period. Any medication taken in school must have a parent/guardian-signed authorization; **prescription medications also require physician orders or the physician's signature on the front of this form.** Medication must be kept in the school office or other school-approved location during the school day. **The parent or guardian must transport medications to and from school.**
2. No medication will be accepted by FLS personnel without receipt of completed and appropriate medication forms.
3. A physician may use office stationery or a prescription pad in lieu of completing part III. Include the following information written in lay language with no abbreviations:
  - Name of student
  - Date of birth
  - Reason for medication or diagnosis
  - Name of medication
  - Exact dosage to be taken in school, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
  - Time to take medication and frequency or exact time interval dosage is to be administered
  - Sequence in which the medications should be taken in cases where more than one medication is prescribed
  - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("Repeat as necessary" is not acceptable.)
  - Duration of medication order or effective dates
  - Physician's signature
  - Date
4. All prescription medications, including physician's prescription drug samples, **must** be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication **must** be in the original container with the name of the medication visible. The parent/guardian must label the original container with the following:
  - Name of student
  - Exact dosage to be taken in school (e.g. milligrams per tablet, milligrams per ml/cc)
  - Frequency or time interval dosage is to be administered
5. **The first dose of any new medication must be given at home.**
6. The parent or guardian is responsible for submitting a new form to the school and to FLS at the start of the school year and each time there is a change in the dosage or the time at which medication is to be taken.
7. Medication kept in the school will be stored in an area accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent/guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. The student is to come to the school office, or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the school office at the appropriate time. Medication can be given no more than one half hour before or after the prescribed time.
10. Faith Lutheran School and Child Care does not assume responsibility for authorized medication taken independently by the student.