

STUDENT'S NAME _____ DOB _____

Parent _____ Home ph _____ Work ph _____

Physician _____ Phone _____

Authorization received from: physician _____ parent _____

MEDICATION _____

DOSAGE _____

TIME OF ADMINISTRATION _____

START DATE _____ **D/C DATE** _____

MEDICATION/DOSAGE CHANGES _____

2006-07 school year

August 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

September 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

October 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

November 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

December 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

January 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

February 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

March 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

April 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

May 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

KEY: MEDICATION GIVEN AS ORDERED: /

MEDICATION NOT GIVEN DUE TO: out of med absent field trip no show early dismissal

Medication given on school days as ordered by physician unless otherwise noted

Nurse's signature

Date

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11

PHONE: 625-2231

FAX: 625-2251

The following section is to be completed by the **PARENT**:

STUDENT'S NAME _____ **Grade** _____ **Date of Birth** _____

I confirm that I am responsible for administering medication to my child. However, in the event that I am unable to do so during school hours, I hereby authorize Pawnee School District #11 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child lawfully prescribed medication in the manner described below. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Pawnee School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Pawnee School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of medication.

***I also understand and will comply with the requirements for sending medication to school in the original and current prescription bottle from the pharmacy which is properly labeled with child's name, name of medication and dosage, instructions for administration, date of prescription, prescribing physician, and name of pharmacy and pharmacist. I understand that it is my responsibility to see that the medication arrives at school in a safe manner. I also understand that noon medication is not routinely administered on 12:00 dismissal days, nor is morning doses of medication given at school and medication is not routinely sent on field trips.

Parent/Guardian Signature Date

Address Home Ph Work Ph/Cell

Emergency Contact Person Phone

The following section is to be completed by the **PHYSICIAN**:

NAME OF MEDICATION _____

DOSAGE _____ TIME OF ADMINISTRATION AT SCHOOL _____

DIAGNOSIS for which the medication is required to be given at school _____

EXPECTED SIDE EFFECTS, if any:

****If the medication is an inhaler, please provide the following:**

KNOWN TRIGGERS

PEAK FLOW RANGES/ZONES _____

If the medication is to be given on an "as needed" basis, how soon it can be repeated? : _____

Physician's Signature Date

Physician's Name – please print Phone

VALID FOR 2006-07 SCHOOL YEAR Address Fax