

VANTAGE CAREER CENTER

Authorization for the Administration of Prescription Medication or Treatment by School Personnel

PURPOSE: Many students are receiving medications under a doctor's supervision. It is important that the school be aware of the effects the medication might have or is having on the school performance of the students. School personnel are occasionally requested to administer these medications. Under these circumstances, it is necessary that specific physician's recommendations be made available to the school.

ALL STUDENTS taking medications are required to have this form on file in the school office to avoid misunderstanding. IF MEDICATION IS PRESCRIBED A PHYSICIAN MUST SIGN FORM. Over the counter medications will require the signature of the parent only. Medications must be brought to the school in the original containers. Medication cannot be expired on the bottle given to the school, if found to be expired the medication cannot be administered.

STUDENT NAME: _____

STUDENT ADDRESS: _____

GRADE: _____ HOME SCHOOL: _____ SCHOOL: _____ Vantage Career Center _____

NAME OF MEDICATION: _____

STARTING DATE FOR MEDICATION: _____ END DATE: _____

RECOMMENDED DOSAGE, METHOD OF ADMINISTRATION AND SPECIFIC TIME TO ADMINISTER:

SPECIAL INSTRUCTIONS FOR ADMINISTRATION OR STORAGE OF MEDICATION:

REACTIONS: The physician is urged to list potential reactions the student might have to the medication:

Physician/Licensed Prescriber Signature: _____ Office Phone Number: _____

PARENT/GUARDIAN SECTION:

During school hours, it is my understanding that the school secretary or school nurse will administer the prescribed medication(s) according to the specified physician's recommendations. In the case of school field trips, my child's teacher has my permission to administer the above medication. The school nurse may contact this physician at any time for further information about my child's condition.

1. I will notify the school immediately if there are any changes in the use of the medication or the prescribed treatment. New forms must be submitted each school year AND for each new medication or when any changes in the original form occur.
2. I release and agree to hold Vantage Career Center Board of Education and its employees harmless from any dangers or injury resulting directly or indirectly from the authorization.
3. A student may deliver medication to the school in the original container properly labeled with the name and strength of medication, name of student, name of doctor, and directions for use, along with paperwork. (The pharmacy may provide an extra container for long-term medication). For a non-prescription or over-the-counter medication, it must be in the original container and only the bottom section of this form needs to be completed by the parent. If you are requesting a different dose than the manufacturer's recommended dose to be given to the student, you must also have a physician's or licensed prescriber's signature on this form.

Parent Signature: _____ Date: _____