

**Authorization for PRESCRIPTION medication**

THE SCHOOL DISTRICT MEDICATION POLICY COMPLIES WITH STATE LAW AND REGULATIONS. This form must be signed by a physician (licensed to practice medicine and surgery), dentist, nurse practitioner, or physician's assistant **AND PARENT** and received by the school office before any medication can be administered at school. The medication must be in the original appropriately labeled container.

NAME OF STUDENT \_\_\_\_\_

TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

MEDICATION \_\_\_\_\_ DAILY:

DOSAGE \_\_\_\_\_ PRN:

**\*\* ALL MEDICATION WILL BE GIVEN BETWEEN 11 AM AND 1 PM UNLESS PHYSICIAN ORDERS OTHERWISE\*\***

SIDE EFFECTS \_\_\_\_\_

DATE MEDICATION STARTED \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

DATE TO BE STOPPED AT SCHOOL \_\_\_\_\_

\_\_\_\_\_  
DATE SIGNATURE OF PHYSICIAN

I hereby give my permission for \_\_\_\_\_ to take the above prescribed medication at school as ordered. I certify that one dose of the above prescribed medication has been given and that there was not an adverse reaction from it. I understand that it is my responsibility to furnish this medication. I also understand that any school employee who administers this medication to my child in accordance with written instructions from the prescribing health care provider shall not be liable for damages as a result of an adverse drug reaction suffered by the pupil or because of a mislabeled or altered product.

I hereby authorize a Manhattan-Ogden USD 383 School Nurse to exchange information regarding this request with the above named physician and/or the pharmacy as identified on the affixed pharmacy label.

\_\_\_\_\_  
DATE SIGNATURE OF PARENT/GUARDIAN

TELEPHONE \_\_\_\_\_  
HOME WORK CELL PHONE E-MAIL ADDRESS

**PLEASE NOTE**

- MEDICATION MUST BE DISPENSED FROM THE NURSE'S OFFICE. (SEE EXCEPTIONS BELOW)
- STUDENTS MAY CARRY AN INHALER, EPIPEN, OR INSULIN IF REQUESTED TO DO SO BY PARENT AND PHYSICIAN AND PROPER TECHNIQUE OF USE HAS BEEN DEMONSTRATED TO THE SCHOOL NURSE.
- STUDENTS WHO ARE ON AN ON-GOING PRESCRIPTION MUST COMPLETE A NEW CONSENT FORM EACH SCHOOL YEAR.
- PLEASE CHECK THE SCHOOL HANDBOOK FOR MORE INFORMATION.
- THIS FORM IS AVAILABLE THROUGH THE SCHOOL, PHYSICIAN'S OFFICES, AND THE USD 383 WEB SITE.