Mulberry School

Medication Authorization Form

If a student must receive prescription or non-prescription medication at school, this signed form by both the doctor and the parent/guardian must be on file at the school.

All prescription medication must be in the original container labeled by the pharmacist or licensed prescriber. Local pharmacies will provide an extra prescription bottle upon request. The label must include: Name of Student, Name of Medication, Dosage, and Time to be Taken, Prescriber's Name, and Date.

Non-prescription medication (i.e. Tylenol, ibuprofen, etc.) must be in original labeled container with student's name affixed to the container.

All medication must be kept in the school's office when not in use. **Students are not allowed to carry any medications on their person.** The only exception is inhalers and EpiPens, which the student may carry, ONLY if a medication form authorizing the student to self-administer is on file (a backup dose should also be provided in the school's office).

Unless ordered for a short term, all requests for self-administration of medication will expire at the end of the school year. If the parent/guardian does not pick up any unused medication after notification, the office staff shall dispose of the medication. No medication will be provided by the School.

TO BE COMPLETED BY LICENSED PRESCRIBER:

Student's Name_____ Birth date_____

Name of Medication_____

Dosage_____ Frequency_____ Time to be given in school_____

Date of prescription_____ Date of Order_____ Discontinuation Date_____

If the medication is an EpiPen or for treatment for asthma, can it be self –administered? Yes___ No___

Special Instructions_____

_____

Diagnosis inquiring medication_____

Intended effect of this medication_____

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medication condition? _____ Side effect, if any_____

Time interval for re-evaluation_____ Other medication students is receiving_____

Prescriber's Signature_____ Date_____

Prescriber's Name (please print)_____

Address_____ Phone_____ Emergency Phone_____

TO BE COMPLETED BY PARENT OR GUARDIAN:

I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Mulberry School and its employees/staff, in my behalf and stead, to administer or to attempt to administer to my child the above listed medication in the manner described above**. I acknowledge that it may be necessary for the administration of medications to my child be performed by an individual other than a school teacher and/or administration, and specifically consent to such parties.** I further acknowledge and agree that, when the medication listed above is administered or is attempted to be administered, I waive any claims I might have against the Director, its employees and agents arising out of the administration of said medication and agree to hold harmless and indemnity against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent or Guardian Signature_____ Date_____

Parent or Guardian Name (please print) _____

Address_____

Home Phone_____ Work Phone_____