

**ANTHONY WAYNE LOCAL SCHOOLS
PERMISSION TO ADMINISTER MEDICATION**

According to Anthony Wayne Board of Education Policy 5330 (Use of Medications) only medication prescribed by a health care professional will be administered at school by the nurse, principal, or trained designee. This form must be completed by the prescribing physician and parent prior to administration of medication by school personnel. All medications must be in the original or a duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists may label containers to be used at school.

Student name _____

Building _____ **Grade** _____

Physician's instructions for giving medication in school:

Date of order _____ **Date to discontinue** _____

Name of medication _____

Dose and method _____

Time of administration at school _____

Reason for medication _____

Can a reaction be expected? _____ **If so, describe:** _____

Special storage or handling requirements: _____

Health Care Provider signature _____ **Health Care provider name (print)** _____

Health Care Provider address _____ **CSZ** _____ **Phone** _____

PARENT STATEMENT

- A. I will assume responsibility for safe delivery of the medication to school.
- B. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- C. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.
- D. I also give permission to school personnel to contact the physician with questions regarding information or to clarify information above or to clarify information.

Signature of parent/guardian _____ **emergency contact telephone** _____ **Date** _____