STUDENT’S NAME ___________________________________  GRADE ___________ 

School medications and health care are administered following these guidelines:
- Parent signed and dated authorization to administer the medication.
- The medication is in the original, child safe, labeled container as dispensed.
- The medication label contains the student name, the doctor’s name, the name of the medication, dose, date, and directions for use.
- The parent will notify the school immediately in writing of any changes.

<table>
<thead>
<tr>
<th>MEDICATION/HEALTH CARE</th>
<th>AMOUNT</th>
<th>TIME</th>
<th>START DATE</th>
<th>FINISH DATE</th>
</tr>
</thead>
</table>

ADMINISTRATION INSTRUCTIONS

PRESCRIBING PHYSICIAN ____________________________________________
PHYSICIAN’S ADDRESS ____________________________________________
PHYSICIAN’S PHONE ____________________________________________

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription instructions. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the physician as needed and that medication information may be shared with school personnel who need to know, as allowed through the Family Education Rights and Privacy Act (FERPA). I agree to provide safe delivery of medication and equipment to and from school, and to pick up remaining medication and equipment.

_________________________  ____________________________
PARENT’S/GUARDIAN’S SIGNATURE  DATE

_________________________  ____________________________
PARENT’S/GUARDIAN’S HOME/CELL NUMBER  PARENT’S/GUARDIAN’S WORK PHONE NUMBER

Please complete the above form and return it to the nurse’s office when you deliver your child’s medication. Your child’s health at school is of great importance to us.