



BONDURANT-FARRAR COMMUNITY SCHOOL DISTRICT

Parent Authorization

Request for giving medication at school

STUDENT'S NAME _____ GRADE _____

School medications and health care are administered following these guidelines:

- Parent has provided a signed & dated authorization to administer the medication and/or provide the health service.
- The medication is in the original, child safe, labeled container as dispensed.
- The medication label contains the student's name, the name of the medication, dose, date and directions for use.
- Authorization is renewed annually and as soon as practical when the parent notified the school that changes are necessary.

MEDICATION/HEALTH CARE _____

AMOUNT _____

TIME _____

START DATE _____

FINISH DATE _____

ADMINISTRATION INSTRUCTIONS _____

SPECIAL DIRECTIVES, SIGNS TO OBSERVE & SIDE EFFECTS _____

PRESCRIBING PHYSICIAN _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE _____

I request the above-named student be given medication at school and school activities by qualified staff according to the prescription, or other medication administration instructions, and a written record kept. Special considerations are noted above. The information is confidential and except as provided by the Family Educational Rights and Privacy Act (FERPA) and any other applicable law. I agree to coordinate and work with school personnel and prescriber (if any) when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medications and equipment. Procedures for medication disposal will be in accordance with federal and state law.

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.