Corvallis School District 509J

MEDICATION AUTHORIZATION AND ADMINISTRATION FORM

Student Name: _____ DOB: _____ Grade: _____

School: _____ School Year: _____ Teacher/Counselor: _____

PARENT/GUARDIAN MUST COMPLETE

Parent/Guardian must sign STUDENT MEDICATION RECORD for amount given to school

All medication must be submitted in its original container

All medications must be delivered and picked up by parent or adult responsible for the student

I GIVE SCHOOL PERSONNEL PERMISSION TO ADMINISTER MEDICATION TO MY CHILD PER THE FOLLOWING:

Medication (what):_____

Dosage (how much): _____

Frequency (how often): _____

Time of Day (when):_____

Duration: Start Date _____ End Date_____

Expiration date of medication:_____

❒ Non prescription

❒ Prescription Rx #:_____ (See JHCD-AR/JHCDA-AR III.A)

❒ Please allow my student to carry and self-administer this medication. (Self-medication form must be completed. K-8 must need medication for immediate access.)*

Route: ❒ Mouth ❒ Ear ❒ Eye ❒ Nose ❒ Skin ❒ Injectable

Reason for Medication: _____

_____

Special Instructions: _____

_____

*** School Administrator and parent permission are required for all grades. School nurse permission is required for self-medication by students in grades K-8.**

I understand:

1) I am responsible to provide this medication in its original container, labeled according to school board policy and administrative rules;
2) I am responsible to maintain the supply as needed and that a new form must be completed with each new supply or prescription of this medication;
3) I am responsible to notify the school in writing of any changes;
4) I am required to pick up all unused medication by the last day of school. I understand any medication left at the school will be discarded appropriately.

Parent/Guardian Printed Name:_____ Phone: _____

Parent/Guardian Signature: _____ Date:_____

This authorization applies only to the medication listed above and for the duration of treatment or school year. This also authorizes an exchange of information, as necessary, between the district nurse, appropriate school personnel, and/or my child's health care provider.