EASTERN LOCAL SCHOOL DISTRICT HEALTH

PARENTAL AUTHORIZATION for ADMINISTRATION

OF PRESCRIPTION MEDICATION to a STUDENT

Date: _____________ Student Name: _______________________________ Grade: ___

Student Address: ____

_______________________________ (student's name), has my permission to receive

the prescribed medication, _______________________________ (medication name)

during school hours. Please administer the above named medication in the amount of

______________________ (# of tablets/amount of liquid) at the following time/intervals

______________________ (time/hours). The administration of this prescribed

medication is to begin on ___________ (date) and continue through ___________ (date).

- Prescription medication must be in the original container labeled by the pharmacist or prescriber with the intact label containing the current date.
- An adult must bring the medication to school and personally hand it to delegated personnel.
- If the prescription medication is a Controlled Substance, the adult must perform a medication count with a delegated person each time the medication is brought to the school.
- Submit the Physician's Request for Administration of Prescription Medication to the Student form completed in full to a delegated person.
- The School Nurse has my permission to contact the prescriber, as allowed by HIPPA, regarding any questions about the child and/or the child's medication.

I/We request designated school personnel to administer the medication as written above. I/We certify that I/we have legal authority to consent to the medication administration at the school for the student named above. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Name: ______________________________________

Parent/Guardian Signature: ___________________________________

____ Russellville Elementary ____ Sardinia Elementary ____Eastern Middle School ____ Eastern High School

Please return this completed form to the student's school building office. Thank you.