

USD #457 Permission Form
For Medication Administration and Special Health Care Services
 (Must be updated by licensed health care provider at the beginning of each school year)

Policy: Unified School District #457 requires that all students who need medication and/or special health care services during school hours be in compliance with the following:

1. Permission form must be completed and signed by licensed health care provider.
2. Permission form must be signed by the parent or legal guardian.
3. Medication must be brought to school in the original container, properly labeled with the student's name and correct dosage by a registered pharmacist as prescribed by law. "Over the counter" medication must be in sealed original container.
4. Only medication or treatment that is necessary so the pupil can attend school or benefit from his or her educational program should be given during the school day.

Student's Name: _____ **DOB:** _____

School: _____ **Diagnosis /Condition:** _____

TO BE COMPLETED BY APPROPRIATE HEALTH CARE PROVIDER:

Medication and/or Treatment ordered: _____

Times and dosages to be given at school: _____

Special orders and/or side effects to be monitored: _____

Student has been instructed on self-administration of Medication and/or Treatment and is authorized to do so in school: NO _____ YES _____

Printed Name of Physician: _____ Phone Number: _____

Signature of Physician: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

I give permission for my child _____ to receive the medication and /or special health care services as directed at school. I also give permission for the school nurse, or his/her delegated representative, and the student's health care provider(s) to share information regarding this diagnosis or condition. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the licensed health care provider shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug. I acknowledge that the school, and its employees, incurs no liability for any injury resulting from the self-administration of medication.

Signature of Parent or Guardian

Date

Emergency Phone