

Rescue Union School District Medication at School Form

This medication form, or similar authorization, must be completed by the parent/guardian **AND** health care provider for any medication that is to be taken during the school day.

- Medication includes a substance dispensed in the U.S. by prescription, as well as a substance that does not require a prescription, such as over-the-counter remedies, nutritional supplements, and herbal remedies.
- Medication must be brought to school in the original container or prescription bottle by an adult; students may not transport medications.
- If the medication or dosage changes during the school year, a new form is required.

Parent/Guardian Statement

I request that designated licensed or unlicensed school personnel assist my child by giving him/her the medication as set forth in the health care provider's instructions below. School personnel, the health care provider, and the pharmacist may communicate with regard to this medication order.

If the medication is an asthma inhaler, epinephrine, or diabetic medicine, I consent to my child self-administering the medication if designated to do so by the health care provider below. I release the district and school personnel from civil liability in the event my child has an adverse reaction as a result of self-administering the medication. I may terminate consent for administration of medication at any time.

Student's Name _____ Birth Date _____ Grade _____

Parent/Guardian Signature _____ Date _____

Health Care Provider's Instructions

Medication	Dose & Route	Time	Diagnosis or symptoms of when to use medication	Possible Side Effects	When to refer for medical evaluation

1. This medication may be administered by trained unlicensed personnel _____ Yes _____ No

2. Student is competent to carry and self-administer the asthma inhaler/epinephrine _____ Yes _____ No

Healthcare provider signature _____ Date _____

Healthcare provider name (PRINT): _____

Address:

Phone and Fax: