

BONDURANT-FARRAR SCHOOLS
Parent Authorization
Request for giving medication at school

STUDENT'S NAME _____ GRADE _____

School medications and health care are administered following these guidelines:

- Parent signed and dated authorization to administer the medication.
- The medication is in the original, child safe, labeled container as dispensed.
- The medication label contains the student name, the doctor's name, the name of the medication, dose, date, and directions for use.
- The parent will notify the school immediately in writing of any changes.

MEDICATION/HEALTH CARE _____

AMOUNT _____

TIME _____

START DATE _____

FINISH DATE _____

ADMINISTRATION INSTRUCTIONS _____

PRESCRIBING PHYSICIAN _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE _____

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription instructions. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the physician as needed and that medication information may be shared with school personnel who need to know, as allowed through the Family Education Rights and Privacy Act (FERPA). I agree to provide safe delivery of medication and equipment to and from school, and to pick up remaining medication and equipment.

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.