PARENT AUTHORIZATION FOR ADMINISTERING PRESCRIPTION MEDICATION

The South Sioux City school district attempts to discourage administration of medication in school. Antibiotics ordered 3x/day or less are to be administered at home outside of the school day. However, if it is necessary for your child to receive medication during the school day, specific requirements must be met. The medication must be sent to school in the original bottle with the current prescription label. Upon request, pharmacists can label empty containers to be used for this purpose. Please sign this form giving specific instructions regarding the administration of your child's medication.

Name of Student: _____ Birthdate: _____
Name of Medication: _____ Dose: _____
Time and circumstance for administration at school: _____
How long has your child taken this medication? _____
Has your child experienced any side effects from this medication? Yes No
If yes, what? _____

I hereby give my permission for the nurse or school personnel to administer medication during the school day to my child.

_____ _____
Parent/Guardian Signature Date

Although a physician signature is not necessary for school staff to administer medicine at school, the South Sioux City School District would prefer to coordinate this service with your child's physician. Please have the physician fill out the bottom half of this form and return this to the school nurse/health clerk when completed.

Name of Student: _____
Address:_____

Date of Order: _____
Name of Medication: _____
Dose, Time, and Circumstance of Administration at School:_____
_____
Can a Reaction be Expected? Yes No If yes, what? _____
_____
_____

_____ _____
Physician's Signature Date

_____ _____
Physician's Address Physician's Phone Number