# Sequoyah Public Schools
# Medication Authorization Form

Student's Name_____ Date_____
Grade/Teacher_____
Date of Birth _____
Medication_____Dose (Amount)_____ Time To Be Given_____
Other Instructions_____

**Note to Parents/Legal Guardians**: We attempt to discourage administration of medications during school hours. We request that whenever possible medication be scheduled during non-school hours. Information shall be shared with staff on a "need-to-know" basis. It is the responsibility of the parent/legal guardian to furnish all medications (prescription and over-the-counter).

**Medication Requirements During School Hours:**

● All medication must be delivered by the parent/legal guardian to the school nurse or trained staff.
● The parent agrees to pick up unused medication by the end of the school year or it will be disposed of properly.
● This authorization form must be completed, signed, and given to the school staff prior to receipt of medication.
● A new form must be submitted at the beginning of each school year and any time there is a change in the prescription type, dosage, administration details, etc.
● Prescription medication must be in a container appropriately labeled and dated by the pharmacist. Please ask the pharmacist for a separate bottle/container for school.
● For Epi-Pen and inhaled asthma medications, please complete the Epi-Pen or Inhaled Asthma Medication forms.

- Medication will be dosed and administered according to directions on the box. (Any dosing needed outside of this will require a physician's order.)

- Medication will be kept in the nursing office and CAN NOT BE carried by the student at any time.

I, _____, the parent or legal guardian of _____ ("Student") request that the school nurse or, in the nurse's absence, a designated representative, administer the noted medication to my Student. I acknowledge that I have read and understand the Authorization To Administer Medication requirements, and I agree to abide by the requirements at all times. I confirm that I have given the first dose of the Student's medication at home. I understand that Sequoyah Public Schools and its employees, agents, and representatives shall incur no liability as a result of any injury, side effects, or issues resulting from administration of the medication. I also understand this agreement is only good for the current school year.

_____ _____
Parent's Signature Phone Number