

AUTHORIZATION TO ADMINISTER MEDICATION

FOR ANY MEDICATION, INCLUDING HEADACHE, ALLERGY, OR COLD MEDICINES

BELLEVUE SCHOOL DISTRICT

Student Name _____ Birthdate _____

Parent Name _____ Today's Date _____

PHYSICIAN'S ORDERS FOR MEDICATION AT SCHOOL AND ON FIELD TRIPS

Medication should be given to a student only when absolutely necessary. The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

Condition requiring medication _____

Medication _____ Dosage _____

Time of Administration _____ Duration of order _____

Is child authorized to medicate himself/herself? YES _____ NO _____

If yes, I have instructed the student in the purpose and appropriate method or frequency of use.

Side effects of drug (if any) _____

Physician's Signature _____ Phone No. _____

Parent's Permission

I hereby authorize school personnel to dispense the medication prescribed above by Dr. _____ to my child. I understand that the medication is to be furnished by me in the original container labeled by the pharmacy or physician with the name of the medication, the amount to be taken, frequency of administration, and name of physician. I understand that the school accepts no responsibility for untoward reactions when the medication is administered in accordance with the physician's directions. This authorization is good for the time the student is on the extended field trip. I will collect unused medication from the school or understand that it will be destroyed at the end of the trip. I am the parent or legal guardian of the child named.

Signature of parent/guardian

Daytime phone

Nighttime phone

Life Threatening Conditions: Is medication required for field trips? Yes ____ No ____

If yes, give name of medication _____

Allergic to: _____

Describe previous reactions _____

Has your child had a desensitization program? Yes ____ No ____

ONE FORM PER MEDICATION IS REQUIRED. Signed forms should be returned to the Chinook Middle School nurse, and additional forms are available in the Chinook main office.

-OVER-

Are there any additional directions from you or your physician regarding your student's health, medication, or administration of medication? If so, please provide details below.
