



Maple Valley Public School District #4

www.maple-valley.k12.nd.us



Authorization/Permission for Administration of Prescription Medication

Student Name: _____

Birth Date: _____

Medications and health care procedures required during school, which cannot be managed otherwise, shall be administered **when the following are on file at the school:**

1. Physician's signed and dated authorization including the medication/procedure, reason for receiving, dosage, route of administration, and time given at school.
2. Parent signed, dated authorization/permission given to administer the medication/procedure.
3. Medication/equipment must be delivered to school **by the parent/guardian** in the **original packaging**.
4. **Annual renewal** of authorization/permission and/or immediate notification, **in writing from the physician**, of changes (when applicable).
5. Medication/procedure shall be administered by qualified staff and a record maintained.
6. Medication/equipment will be stored in a locked, secured area.

The above named student is under my medical supervision. I have prescribed the following:

Medication/Procedure

Dosage

Route

Time given at school

Discontinue date/re-evaluate date

Reason for medication/procedure

Anticipated reaction/possible side effects

Physician Signature

Date

Physician's Address

Physician's Phone

Parent/Guardian Authorization/Permission

I request the above pupil be given the medication/procedure while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable, prudent person would under the same similar circumstances. **I agree to pick up remaining medication or it will be properly destroyed.**

Parent Signature

Date

Parent Address

Work Phone

Home Phone

Cell Phone

Adopted: May 9th, 2016

The Maple Valley Public School District does not discriminate on the basis of race, color, national origin, age, sex, or handicap in its employment policies/practices.