

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS/SCHOOL ACTIVITIES

IMPORTANT NOTICE TO ALL PARENTS

Please remember... NO MEDICATION OF ANY KIND (over the counter and/or prescription) can be dispensed/given to your child at school without a written order from a physician. It is your responsibility to ask your physician for a completed form or take the sample below with you.

NO EXCEPTIONS WILL BE MADE – WRITTEN PERMISSION SLIPS FROM PARENTS CANNOT BE ACCEPTED. Thank you for your cooperation.

PHYSICIAN AUTHORIZATION

THIS FORM MUST ACCOMPANY ANY/ALL MEDICATIONS BROUGHT TO SCHOOL

This form must be completed whenever any medication must be given to a student during school hours in order to maintain sufficient health to remain in school. Medication must be packaged in the properly labeled pharmacy container.

Student _____ Age _____ Grade _____

Medication _____

Time Schedule _____

Duration (Days, Weeks, School Term) _____

Diagnosis _____

Special Instructions/Conditions to Observe _____

Date _____ Physician's Signature _____

Phone Number _____ Printed Physician's Name _____

Physician's Address _____ Physician's Fax _____

Parental/Guardian Authorization

I hereby authorize the medication to be administered during the school hours under the direct supervision of the School Nurse, or if deemed necessary, by other authorized personnel. I also give permission for the student to carry his/her inhaler on field trips and to self administer the inhaler on the trip if needed.

I give permission for exchange of verbal and written communication between the physician and school nurse regarding my child's medication regimen. I do hereby release, discharge and hold harmless Evergreen Community Charter School, its agents and employees, from any and all liability and claim whatsoever for any negligent act or omission in connection with the administration of the above medication to my child, including any reaction from the medication. I understand that with the exception of inhalers, all medications must be stored in the school office.

Date _____

Signature of Parent/Guardian _____