

Kings Local School District Medication Form

Student Information

Student name _____ Date of Birth _____ Weight _____

School _____ Grade _____ Teacher _____ School year _____

Any known drug allergies _____

Prescriber Authorization

Name of medication _____

Dosage _____ Route _____ Time/interval _____

Date to begin medication _____ Date to end medication _____ (Medication form good for one school year)

Circumstance for use _____

Special instructions _____

Treatment in the event of an adverse reaction _____

Self-carry Epinephrine Autoinjector: Yes _____ No _____ Self-carry Asthma Inhaler: Yes _____ No _____

If student is permitted to self-carry, as the prescriber I have determined that this student is capable of possessing and using this epinephrine autoinjector or asthma inhaler appropriately and I have provided the student with the training on this medication.

Procedures for school employees if medication does not produce the expected relief _____

Possible severe adverse reactions to the student for whom prescribed or to a student for whom it is not prescribed who receives a dose _____

Does medication need refrigeration? Yes _____ No _____ Is medication a controlled substance? Yes _____ No _____

Prescriber Name _____ Prescriber Signature _____

Date _____ Phone _____ Fax _____

Parent/Guardian Authorization

I hereby authorize the school nurse and trained school personnel to administer the medication as instructed by the prescribing health care provider. I agree to deliver the medication to responsible school personnel. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the school nurse to talk with the prescriber to clarify medication order. Medication form must be received by the principal, his/her designee, and/or the school nurse. I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate. Personnel are exempt from all liability for administering or failing to administer the drug as long as all the procedures are followed correctly.

If medication form is for an emergency self-carry medication such as an epinephrine autoinjector or asthma inhaler, I authorize my child to possess and use the medicine as prescribed, at the school and any activity, event, or program sponsored by or in which the student is a participant.

Parent/Guardian Signature _____ Date _____ Phone _____