The Cove School Student Medication Authorization Form

All medications that are taken during the school day and at extra-curricular activities require a separate authorization form for each medication. The Cove School must have the forms signed by the physician, physician assistant, or advanced practice RN and the student's parent/guardian. All medications, scheduled, as needed, and emergency action plan medications, need a medication authorization form completed. **The school must be notified in writing of any change in medication and new medication authorization form must be completed. This form must be renewed at the beginning of each school year. This form must also be completed for the administration of Advil, Tylenol, cough drops, Lactaid, sunscreen and all other over the counter medication.**

_____ _____ _____ _____
Student's Name Birth Date Current Date Grade

Address: _____Teacher: _____

Home Phone: _____ Emergency Phone: _____

- Practitioner/prescriber signed and dated authorization to administer the medication
- Parent/guardian signed and dated authorization to administer medication
- The medication must be in the original labeled container as dispensed or the manufacturer's labeled container
- The medication label must contain the student 's name, name of the medication, directions for use and date
- Annual renewal of authorization and immediate notification of changes is required

Must be completed by prescribing medical practitioner

_____ _____ _____
Medication/Treatment Dosage Time to be administered or under what circumstance

Purpose, intended effect of medication/Treatment: _____

Side effects (if any): _____Frequency: _____

Name of condition for which medication is prescribed: _____

Administration Instructions: _____

_____

Other medication the student is taking (at home or school): _____

_____

Period of time medication is to be administered: From (Date) _____ To (Date) _____

Special requirements (refrigeration of medication, medication to be given with food, etc.) _____

_____

Date to discontinue, reevaluate or follow-up: _____

_____ _____ _____
Medical Practitioner's Signature Medical Practitioner's Printed Name Date signed

_____ _____ _____ _____
Office Address City Office Telephone Emergency Telephone

Parent Authorization

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize The Cove School and its employees and agents, on my behalf and stead, to administer or attempt to administer to my child or to allow my child to self-administer while under the supervision of an employee or agent of the school, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and I specifically consent to such practices. I further acknowledge and agree that when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against the school, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the school's employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

The Cove School has my permission in the event of an emergency, when I cannot be reached, to seek medical intervention for my child at the nearest hospital or emergency room, and the hospital and its medical staff has my authorization to provide treatment that a physician deems necessary for the well-being of my child. All emergency and hospital personnel have my authorization to provide proper immediate care for the well being of my child. The original of this document will be filed in the school office and taken with the student to the hospital if deemed necessary.

Parent/Guardian Signature _____ Date _____

Parent's/ Guardian's Phone number _____ Parent's/Guardian's Emergency Phone Number_____

Additional Information: _____