Auburn Public Schools

Department of Nursing

Medication Permission Form

To be completed by a parent or guardian for any medication administered during the school day that requires a provider's order. Please attach a copy of the medication order and submit it with this form.

The parent or guardian must bring the medication to the school in the original pharmacy container. The information on the pharmacy label must coincide with the information on the provider's order and the Medication Permission Form. This form, and all provider's orders, should be renewed at the start of every school year.

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____

Medication: _____ Dosage: _____

Time to be given: _____ Route: _____

Ordered by (Prescriber): _____

I give permission for my son/daughter to self administer medication if the school nurse determines it is safe and appropriate.
YES _____ NO _____

I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medication administration, e.g. adverse side effects, as they determine necessary for my child's health and safety.
YES _____ NO _____

I, the undersigned, give permission to school personnel to administer the above medication to my child. I understand that the school personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any) or the omission of medication. I further agree to hold harmless the Auburn School Department and its agents and servants against all claims as a result of any or all acts performed under this authority.

_____
Parent/Guardian Name

_____ _____
Parent/Guardian Signature Date