



North East School District
50 East Division Street
North East, PA 16428

STUDENT MEDICATION AUTHORIZATION

SCHOOL YEAR _____

STUDENT NAME _____ GRADE _____

SECTION A: TO BE COMPLETED BY LICENSED PHYSICIAN

Name of Medication _____

Diagnosis for which Medication is given _____

Dates Medication to be given _____

Dosage _____ Route _____ Time to be given _____

If PRN, describe indication/intervals _____

Can this medication be adjusted to accommodate class trips/schedules? Yes ☒ No ☐

Significant side effects _____

Other pertinent information _____

Inhaler/Epinephrine:

Student may carry and self-administer fast-acting inhaler or epinephrine while in school and/or during a school sponsored field trip. I hereby certify that the student is qualified and able to self-administer their inhaler/epinephrine. Yes ☐ No ☐

Physician's Name Printed

Physician's Signature

Physician's Office Phone Number

Date

SECTION B: TO BE COMPLETED BY PARENT/GUARDIAN

I, the parent/guardian of the above-named student, understand that all medication must be provided in the original pharmacy-labeled container.

I understand and agree that the North East School District, its Board, employees, and agents are not responsible for ensuring this medication is taken, and cannot be held liable if my child fails to self-medicate as prescribed by the physician. I am responsible for taking a supply to the school to be dispensed by a licensed nurse as designated by the North East School District Policy 210 – Medications and Policy 210.1 – Possession of Asthma Inhalers/Epinephrine Auto-Injectors.

With the intent to be legally bound, I hereby release, discharge, hold harmless, and indemnify the North East School District, its Board, employees, and agents from any liability whatsoever for any personal injury, damages, or expenses to students or to parents/guardians caused by the administration of this medication.

Signature of Parent/Guardian

Date

Phone number

This authorization will be valid
for the current school year only