

Howard School District

Request and Authorization for Medication/Treatment Form

Parents are requested to give medication at home whenever possible. If it becomes necessary to administer medication to students during school hours the following regulations will be observed:

1. A parent/guardian or designated adult must deliver to the school all medications to be administered by school personnel.
2. Prescription medication to be administered must be prescribed by a licensed medical professional to the student and be in the original prescription container with the prescription attached. Medication improperly packaged or labeled will not be administered.
3. Non-prescription medication must be in the original packaging. Non-prescription medication improperly packaged or labeled will not be administered.
4. Parents/Guardians must provide the information requested below and sign the form granting the school permission to administer the medication.

To be completed by the parent/guardian:

I request and authorize officials at Howard School District to supervise the below stated medication and dosage.

Student's name: _____

Medication name: _____

Dosage and time: _____

Method (oral, ear drops, etc.): _____

Possible side effects: _____

- I understand the medication shall be provided in a bottle labeled by the pharmacy to include the student's name, physician's name, medication and strength, dosage and time the medication is to be taken.
- I understand that the district's personnel are rendering a service and will administer the medication only in accordance with the instructions on the label.
- I understand the district and individuals involved will not be liable from any possible adverse effects of the medication.
- I understand the school may contact the prescribing professional regarding the medication and/or its effects.

_____ Initial for consent to carry required self-administer medical devices.

_____ Initial if you want to be called each time the non-prescription medication is administered.

Signed (parent/guardian): _____

Date: _____