

# Halifax County Schools

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## AUTHORIZATION FOR MEDICATION TO BE GIVEN DURING SCHOOLS HOURS

### To be completed by Physician

Student \_\_\_\_\_ School \_\_\_\_\_  
(First) (Middle) (Last)

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of medication \_\_\_\_\_

Diagnosis for which the medication is given \_\_\_\_\_

Form \_\_\_\_\_ Dose \_\_\_\_\_

If medication is to be given daily, at what time? \_\_\_\_\_

If medication is to be given as needed, describe indications \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Is the child authorized to medicate him/herself? \_\_\_\_\_

Please list any significant side effects \_\_\_\_\_

Length of time this treatment is recommended \_\_\_\_\_

Please list other pertinent information \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Permission

I hereby give my permission for my child (named above to receive medication during school hours. This medication has been prescribed by a physician. I assume full responsibility for informing the principal of any changes in my child's health or medicines.

I hereby release the School Board and their agents and employees from any liability that may result from my child taking the prescribed medications.

I hereby authorize my child's health care provider to release to the school nurse, principal, or other authorized school personnel, specific, confidential medical information contained in my child's record. Only school staff who deliver healthcare services will use this information.

I will furnish this medication within a container properly labeled by the pharmacist with identifying information (e.g. name of child, medication dispensed, dosage prescribed and the time to be given)

Parent/guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

### (School Use Only)

Name and title of person to administer medication \_\_\_\_\_

Approved by \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_

School Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL MEDICATION FORMS EXPIRE AT THE END OF THE SCHOOL YEAR. NEW FORMS CAN BE OBTAINED FROM THE SCHOOL OFFICE, COUNSELOR OR SCHOOL NURSE**

Revised 8/05

