

Eugene School District 4J
Authorization for Medication Administration by School Personnel
SCHOOL BOARD POLICY available on line: <http://policy.osba.org/eugene> and search for "medication"

Students Name _____ Birthdate _____

School Name _____ Grade _____

**I am giving school personnel permission to administer medications to my child per the following:
Parent to complete separate form for each medication:**

Medication: _____
Medicina

Dose (how much): _____
Dosis

Frequency (how often): _____
Frecuencia

Route: (circle one)

By: Mouth Ear Eye Nose Skin
Boca oido ojo nariz piel

Time: _____
Hora

Duration: Start date _____ end date _____
Fechas para empezar y terminar

Reason for Medication: _____
La razon para la medicina

Special Instructions: _____

*I understand I am responsible to provide this medication in the **pharmacy container** or **manufactured packaging** and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Parents are required to **pick up all unused medication** by the last day of school. All medication left at the school will be discarded.*

Parent/Guardian Signature: _____ **Date:** _____

(This authorization applies only to medication listed above and for the duration of treatment or school year). This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and/or my child's health provider. Health care provider's name is: _____

ADMINISTRATOR APPROVAL*
(for K-8th grade self administration of medication)

Administrator Signature: _____ Date: _____

PHYSICIAN DIRECTION

(required on pharmacy label or in writing for all prescription medications, also required for any aspirin containing products)

I have prescribed the above medication for the student whose name appears at the top of this form. Instructions in the box are accurate. _____
Special instructions including adverse reactions and action required: _____

(Physician's Signature)

(Phone number)

(Effective Date)

