AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATIONS
Academic Year 2019-2020

Prescription medications that may need to be administered during the school day should be brought to school by a parent or guardian in the original labeled container provided by the pharmacy. *Authorization requires a physician and parent signature and is required annually **(8-1-19 through 8-31-20)**.*

Student's Name _____
Last **First** **Middle**

Medications taken at home _____ **Medication Allergies** _____

Students are never permitted to possess medication at school or school activities unless authorized in PART II.

PART I: Medications to be Administered at School

☐ _____ _____ _____ _____
Name of Medication Dose Time to be given & Frequency Indications

_____
Side effects student may experience & action to be taken

☐ _____ _____ _____ _____
Name of Medication Dose Time to be given & Frequency Indications

_____
Side effects student may experience & action to be taken

PART II : AUTHORIZATION FOR STUDENT TO CARRY & SELF ADMINISTER ASTHMA RESCUE INHALERS, EPINEPHRINE AUTO-INJECTORS, DIABETES MEDICATIONS

All medications must have a pharmacy label. Authorization is required annually. **Authorization to carry a epinephrine self-injector and medications to treat diabetes requires a physician and parental/guardian signature.**

***Physician signature is not required for a student's self-administration and possession of asthma inhalers.**

My child has been instructed on the proper storage, use and need to inform the nurse, faculty or administrator after using the below prescribed emergency medication. I consent to my child's possession and unsupervised self-administration of:

_____ _____
Name and Dose of Medication Where will student keep (Backpack)?

I hereby request and grant permission for Wolcott School's school nurse or any registered nurse approved by Wolcott school, or in the case of an emergency, another staff member, to administer medication to my child according to the above instructions. I further waive any claims against Wolcott School, members of the Board of Trustees, its employees, and agents arising out of the storage, administration, or self-administration of said medication, and agree to hold harmless and indemnify Wolcott School, the members of the Board of Trustees, its employees, and agents, either jointly or severally from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration of medication, except for willful and wanton conduct.

_____
Parent/Guardian Printed Name

_____
Parent/Guardian Signature

_____
Date

Provider's Office Stamp Below
Contact Information

_____
Licensed Provider's Name Printed

_____
Licensed Provider's Signature

_____
Date