



Authorization To Administer Prescription Medications Academic Year 2020-2021

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 (8-1-2020 through 8-31-21).*

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			
<input type="checkbox"/>			
	Name of Medication	Dose	Time to be given & Frequency
	Indications		

	Side effects student may experience & action to be taken		
<input type="checkbox"/>			
	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			
<p><i>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.</i></p> <p>*Physician signature is not required for a student's self-administration and possession of asthma inhalers.</p> <p>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:</p>			
Name and Dose of Medication		Where will student keep (Backpack)?	
<p>I hereby request and grant permission for Wolcott School's school nurse or any registered nurse approved by Wolcott school, field trip chaperones, 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.</p>			

Parent/Guardian Printed Name

**Provider's Office Stamp Below
Contact Information**

Licensed Provider's Name Printed

Parent/Guardian Signature

Licensed Provider's Signature

Date

Date