

AUTHORIZATION FOR PRESCRIPTION MEDICATION AND/OR TREATMENT

To the parent/guardian: The following information is necessary for any student to receive **PRESCRIPTION** medication and/or treatment in school. All spaces must be completed by your healthcare provider. This information must be included in your emergency medical form documentation.

Student name: _____ Grade: _____

Address: _____

The above-mentioned student is under my care for (diagnosis):

And should receive (name of medication/treatment, dosage, route): _____

At the following time(s):

Specific instructions for administration:

Possible side effects:

Name of provider:

Address of provider:

Phone number of provider:

Signature of provider: _____ Date: _____

PARENT REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION AND/OR TREATMENT

—I hereby request and give my permission to the school to administer the above medication to my child based on the provider's orders as stated above.

—I agree to deliver the medication to the school in the original container in which it was dispensed.

—I will notify the school immediately if there is any change in the use of medication or treatment. If changes occur, I agree to submit a new form and pick up the old medication.

—I agree to include this information on my child's Emergency Medical Forms and educate my child on safe handling of medication.

—I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages/injuries resulting directly or indirectly from this authorization.

—If applicable, I grant permission for school personnel to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs.

Student name: _____

Signature of parent/guardian: _____

Date: _____

Please fax back to Licking Heights Local Schools Clinic ATTN: School Health Aide

Everest Elementary: Fax 614-501-4672; Phone 614-864-9089

Lima Ridge Elementary: Fax 740-927-5736; Phone 740-927-3268

Broad Peak Elementary: Fax 740-964-1625; Phone 740-964-1674

Summit Station Intermediate: Fax 740-927-5845; Phone 740-927-3365

Middle School: Fax 740-927-3197; Phone 740-927-9046

High School: Fax 740-927-0508; Phone 740-964-9005