

**Clinton Community School District**  
**Parental Authorization to Administer Medication at School**

Many medications can be given at home before and after school. Parents are encouraged to check with their doctor to see if this is possible. Under no circumstances will any medication be furnished by the school. The Clinton Community School District realizes that students may be required to take medicine at school.

The Parent Authorization for Administering Medication at School form must be completed before any medicine will be given. Parent authorization is sufficient for over-the-counter medication. Over-the-counter medication will be administered according to the manufacturer's directions and per nurse's assessment.

Name of student \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Time \_\_\_\_\_ Name of prescribing doctor \_\_\_\_\_  
Reason for medication \_\_\_\_\_  
How long is medication to be given? \_\_\_\_\_  
Possible reactions and/or special instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request the above student be given the medication at school and agree to:

- 1) Submit this authorization form, signed and dated, to the school personnel.
- 2) Assist the child in assuming the responsibility of notifying the teacher when it is time to take the medication.
- 3) Personally ensure that the medications received by the school personnel be in the original container as it was dispensed or the manufacturer's labeled container.
- 4) Unmarked items or sample packages require a doctor's order. Any change in dosage requires a doctor's written order.
- 5) Personally ensure that the container in which the medication is dispensed is marked with the medication name, dosage, student's name, directions for use and date.
- 6) Provide safe delivery of medication and equipment to and from school.
- 7) Personally pick up remaining medication at the end of the administering time, or it will be destroyed per school district procedures.
- 8) Give permission to school personnel to contact the prescriber as needed, and that medication information may be shared with school personnel who need to know.
- 9) Personally submit a revised statement to the school personnel regarding medication changes.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

(The labeled bottle will be taken as the doctor's order.)

**Administration of Asthma Medication**

- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
(required)

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_  
(required)