BISHOP HOFFMAN CATHOLIC SCHOOL

"To Reach and Teach the Mind, Body, Heart and Soul of Each Child to Bring Them Closer to God"

MEDICATION AUTHORIZATION FORM

Student Name_____ Date of Birth_____ School Year_____
Home Address_____ School_____ HR/Grade _____

Healthcare Provider to Complete:

Medication_____ Dosage_____ Route_____
Administration Time(s) _____ Beginning Date _____- _____ /end of school year

Special Instructions:

_____

_____

Possible adverse reactions, which should be reported to the parent and physician:

_____

_____

I verify the above student should receive this medication at school for treatment of_____

Healthcare Provider Signature_____ Date_____
Provider Name _____
Practice Address _____Phone_____ Fax _____

Parent to Complete:

Parent/Guardian Name_____ Phone Number _____ or _____

- As a parent or legal guardian of the above named child, my signature below authorizes school personnel to administer the medication as instructed by the physician. I understand that a trained staff member administering the medication might not be a health professional.
- I authorize the student named above to have access to and use the medication as ordered above.
- I understand that a new Medication Authorization form is required each school year and when there is a change in the medication. I will notify the school immediately with any medication changes.
- I understand the medication must be in the original container and properly labeled with student's name, date, prescriber's name, name of medication, dosage, strength, route and time of administration and drug expiration date.
- I assume responsibility for the safe delivery of the medication to and from school.
- I authorize the Health Services staff to communicate with the student's healthcare provider as needed regarding this medication.
- I release and agree to hold the BHCS Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature _____ Date_____

Updated 1/14/2015