

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 (including for unintended user), 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:

- 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. If the medication expires during the school year, I understand it is my responsibility to bring in new medication as soon as possible.
- 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 _____
Parent/Guardian Name _____ Phone Number _____ or _____

Updated 3/6/17