



AUTHORIZATION FOR MEDICATION ADMINISTRATION

Student's Name: _____ Grade: _____ Date of Birth: _____

Primary Parent/Guardian: _____ Relationship: _____ Phone #: _____

Alternate Contact: _____ Relationship: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Child's Physician: _____ Insurance Info (optional): _____

When requested by a physician or a parent, during school hours, a designated individual may assist with medication administration to students. The designated individual is the only staff member who is qualified to supervise the assistance of medication administration in the school. This form must be completed and signed by the designated individual and the parent or guardian. These forms will also be reviewed by the School Nurse before medication is administered.

For the safety of all students, it will be the responsibility of the parent/guardian to transport medication. Exceptions can be made in rare cases. All medication should be brought in a prescription labeled bottle or a manufacture's labeled bottle with directions for use.

This release form authorizes the designated individual to follow the parent's request according to the original label or physician's orders and communicate with the doctor as needed. Sage International School of Boise cannot assume any liability for consequences, which arise as a result of following the manufacturer's label or doctor's orders. A parent is encouraged to administer the first dose of medication, prior to attending school to observe any potential signs of reaction. Please sign and return to the school office.

Parent's/Guardian Signature

Date

School Nurse or Designated Individual Signature

Date

To be completed by parent or guardian-

Name of Medication(s): _____
Dosage and directions: (Copy from Label) _____