

OABCIG Authorization/Permission for Medication Procedure Administration

Student _____ Birthdate _____

School _____ School Year _____

Medication/Procedure, which cannot be managed at home, shall be administered at school following these guidelines

- Parent signed and dated authorization to administer medications and health care services.
- Medication/equipment is delivered to school in the original packaging, including a current prescription label or manufactures original packaging. Medication in baggies will not be accepted.
- The medication label contains the student name, name of the medication, directions for use, and date.
- Annual renewal of authorization and immediate school notification in writing of any changes.
- I understand the school may refuse to administer nonprescription medication when the manufacturers instructions differ from the requested order, or no manufacturers instructions exist, unless under written/signed authorization from a physician or qualified health care provider.

| Name of Medication/Procedure | Dosage | Route |
|------------------------------|--------|-------|
|------------------------------|--------|-------|

| | |
|----------------------------|---------------------------------|
| Time to be given at school | Reason for Medication/Procedure |
|----------------------------|---------------------------------|

Administration/Special Instructions _____

Anticipated reactions/possible side effects _____

Parent Guardian authorization/permission:

I request the above student be given the following while in school and school related activities by qualified staff, according to the prescription or non prescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and medication information may be shared with the school personnel who need to know.

I understand the law provided that there shall be no liability for civil damages as a result of the administrations of medication where the person administering the medication acts as an ordinarily reasonable prudent person would under the same of similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and pick up remaining medication and equipment

Parent Signature _____ Date _____

Phone: Home _____ Work: _____ Cell _____