**School Heath Services Request and Authorization for Medication/Treatment**

Name of Student_____ Birth date_____

Address_____Telephone_____

Parent's Name_____

Medicaid Eligible?_____If yes, give Medicaid number_____

If yes, is other insurance carried on this child?_____

**We encourage medication hours be arranged outside of school hours if possible. No medication of any sort is provided by the school.**

1. Diagnosis_____
2. Name of medication/treatment (No aspirin medications allowed) _____
3. Total daily dosage_____
4. Amount and time(s) to be administered at school_____
5. Method of administration_____
6. Duration (week, month)_____
7. Precautions and reactions to observe and report_____

_____ _____ _____

Physician's Signature (required for Option I) Telephone Date

**Required renewal at the beginning of each school year.** Faxes are acceptable.

**Parent's Statement (circle one option)**

Option I I request and authorize personnel at the above named school to supervise the medication/treatment prescribed on this form to my child. I understand the medication must be provided in a bottle identifying the name and telephone number of the pharmacy, the student's name, physician's name, and dosage of the drug to be taken. I understand that the school district and individuals involved will not be held liable for any adverse effects of the medication. In addition, I understand that I am responsible to pick up any unused medication on or before the last day of school or one week after the last dose is given. If the medication is not picked up, it will be destroyed.

Option II I authorized my child to take his/her own medication while at school and relieve the school district and personnel of all responsibility. (Physician's signature not required.) All medications, with instructions, will be held in the administrative office except for asthma inhalers.

_____ I wish to be notified whenever this medication is given.
_____ I DO NOT wish to be notified whenever this medication is given.

_____ _____

Parent's Signature Date