

AUTHORIZATION TO GIVE MEDICATION AT SCHOOL

If medication can be given at home, before or after school hours, please do so. If medication must be given during school hours, this form must be completed and kept on file in the school office each school year.

STUDENT'S NAME (please print legibly):		
GRADE:	CLASSROOM TEACHER:	
at school. I underst This parent/g medications, Medications n this purpose). All medication The school me form is comple Medications Unless it's an e all medicatio school staff n If my child ref called about the	tand that: guardian-signed form constitutes VCS's requestription or non-prescription. In the original labeled container (pharmal series) will be stored in a secured cabinet in the school ust be informed of any medication changes. Neted. In the original labeled containers with the school ust be informed of any medication changes. Neted. In the property situation, or my child has written prescriptions will be administered only in the school nember. In the function of the medication, the medications he missed dose. In the disposed of unless picked up with the school use of the missed dose.	
NAME OF MEDICA	ATION:	
TYPE OF MEDICAT	FION (please circle): Non-Prescription Prescription	ription IF PRESCRIPTION, Rx #:
AND TO SELF	•	E PERMISSION TO CARRY THE INHALER ON THEIR PERSON (SSARY (please circle)? Yes No [<i>If "yes", <u>you must fill</u></i>
DOSAGE	BY (please circle	: Mouth Ear Eye Nose Skin Inhalation
TIME(S) TO BE GIV	'EN @ SCHOOL DURA	ATION: Start Date: End Date:
REASON FOR MED	DICATION:	
	FECTS, IF ANY:	
	I MED., PHYSICIAN'S NAME (please print): _	
Schools Corporatio volunteers from an	n, the Sisters of St. Mary of Oregon Ministries Co y and all claims, actions, suits, losses, costs, ex medication or because of side effects, illness	rmless, or reimburse the Sisters of St. Mary of Oregon Campus orporation and their directors, officers, employees, agents and benses and liability in case of accident or any other mishap in or any other injury which might occur to my child through
Parent's/Legal	Guardian's Signature	Date
Home Phone _	Work Phone	Cell Phone:
[This authorization app		chool year. This also authorizes the exchange of information, if necessary,