

Excelsior Springs School District Medication Authorization Form

Student Name: _____ Teacher: _____ Grade: _____ School Year: _____

Start Date	Medication	Dosage	Time	End Date

I consent to allow district staff to give medication to my child and understand that the Excelsior Springs School District Board of Education, employees, and volunteers are not to be held responsible or liable in the event of injury resulting from medication given by district staff.

I give district employees permission to contact the student’s physician directly for the exchange of verbal and written communication between the physician and the school/health assistant regarding my child’s medication regime and information on the student’s condition. I understand that I have the ultimate responsibility for providing the school with and adequate supply of medication for informing the school district immediately if any information provided on this form changes or if administration of medication should cease.

Medication should be given at home whenever possible. If medications must be given during the school day, the following will apply*:

1. Medicine must be in the original and current prescription bottle or original packaging. **Medication must be brought in to the Health Room by the parent/guardian of student.** Parent may designate a responsible adult to bring in medication for said student.
2. Staff will not give the first dose of any medication.
3. Expired medications will not be given.
4. Over-the-counter medications are given according to the dosing directions on the bottle. Any other dosage must have an order from the doctor.
5. Medications or supplements not approved by the FDA (e.g., herbal remedies) require written permission from the parent and an order from the doctor.
6. Unless otherwise noted above, all medication authorizations will expire on the last day of the school year. Medication will be destroyed if not picked up beyond the close of the school year.

(Date)

(Signature of Parent/Guardian)