Grass Valley School District

ADMINISTRATION OF MEDICATION AT SCHOOL

Please have your physician/health provider complete this form for each prescription or non-prescription medication.

1. Name of pupil ______________________ Grade ________
2. Birthdate ______________ 3. School of Attendance ______________
4. Medication (one per sheet) ______________________
5. Dosage, time and method of administration ______________________

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6. Physical condition for which drug is to be given. (If allergic in nature, specify what type of reaction, i.e., localized, generalized, mild, severe). ______________________
7. Possible reactions that need to be reported to the physician/care provider. ______________________

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8. Disposition of pupil following administration of medication, (i.e., rest, home, hospital, doctor's office, return to class, notification requests). ______________________

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The above medication ***cannot*** be scheduled for other than during school hours and such medication may be administered by medically-untrained school personnel whenever necessary.

Physician/Health Care Provider Name ______________________ Phone ______________

Address ______________________

Date of Request ______________ Medication to be continued until ______________
(Date)

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Authorization and Signature of Licensed Physician/Health Care Provider

I request that my child (the above named pupil) be assisted in taking the above medication(s) at school by school personnel, and will comply with the policy and procedures of the school as outlined in the letter on the reverse side. I give my consent for the school nurse to communicate with the physician/health care provider and to counsel with school personnel regarding the above named pupil and medication as appropriate. I understand the school is not legally obligated to administer medication to any pupil and therefore agree to hold the district harmless from any liability resulting from the administration of above named medication(s).

______________________ ______________

Authorization and Signature of Parent/Guardian **Date**

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Contact Phone Number(s)