

**SHEBOYGAN LEADERSHIP ACADEMY
SCHOOL MEDICATION AUTHORIZATION FORM
Phone (920) 208-5930 Fax (920) 208-5932**

This form must be completed by the physician and the parent/guardian and contain their signatures before any medication can be administered at school. **THE PARENT OR ADULT REPRESENTATIVE MUST BRING ALL MEDICATIONS TO SCHOOL IN THE ORIGINAL CONTAINER.**

1. THIS SECTION TO BE COMPLETED BY PHYSICIAN

Name of Student: _____ Date of Birth: _____

Name of Medication: _____ Dosage: _____

Reason for Medication: _____

Dose Form: _____ Time to be Administered: _____
(tablet/liquid/other)

Start Date: _____ Stop Date: _____

Restrictions and/or important side effects:

Printed name of physician: _____

Address: _____ Phone: _____

SIGNATURE OF PHYSICIAN: _____ Date: _____

2. THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy. I, or an adult representative whom I designate, will bring all medications to school. I also give permission to contact the above named physician regarding any questions that may arise with regard to the medication. I agree to, and do hereby hold the school and its employees harmless from any and all claims, demands, causes of action, liability or loss of any sort of or arising out of acts or omissions of the school or its employees with respect to this medication.

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Emergency Number: _____

Staff Signature: _____ Date Received: _____

Medication Expiration Date: _____ # of Pills Received (if applicable): _____

Date Picked Up/Disposed of: _____

PARENT/GUARDIAN INFORMATION FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

We do not encourage students having medication at school, but if your child is under the care of a physician and must take medication for a specific medical diagnosis or condition, we wish to assist you as needed. A medically untrained person most often performs this function. Consequently, it would be best, with the help of your physician, to work out a schedule to give medication outside school hours.

All medication brought to school must be stored in the office and be administered only after this fully completed permission form is on file. Children are not permitted to have medication in their possession at school, walking to and from school, or on the school bus. This practice provides for the safety of all students on campus. The only exception is when a student's well-being is in jeopardy unless the medication, such as an inhaler for asthma, is carried on his/her person.

When an employee of the school district gives medication to a student, the employee must be acting in accordance with the written directions of a physician and with the written permission of the child's parent or legal guardian.

1. Medication must be brought to school by parent or adult representative.
2. Medication must be brought to school in the original pharmacy container.
3. Over-the-counter drugs must also be in the original container and have a completed form on file.
4. This form must be renewed whenever the prescription and/or dosage changes and at the beginning of each school year.
5. Parent or adult representative must pick up unused medication at the end of school year or when the medication order expires. Unclaimed medications will be disposed of safely.
6. Medication that needs to be carried by a student for emergency use, such as asthma inhaler, is permitted only if the specific inhaler form is completed and on file in the school office.