

PARENTAL AUTHORIZATION AND RELEASE FORM
ADMINISTRATION OF NON- PRESCRIPTION DRUGS TO STUDENTS

While the administration of medications to students should be scheduled outside of school hours whenever possible, occasionally it may be necessary for school personnel to administer nonprescription drugs to a student as authorized by the student's parents, guardians, or medical professionals and state law. School personnel will only dispense those nonprescription drugs which have been approved by state and federal law for use as a drug and meet the definition of nonprescription drugs in Nebraska's Medication Aide law which states:

Nonprescription drugs mean nonnarcotic medicines or drugs which may be sold without a medical order and which are prepackaged for use by the consumer and labeled in accordance with the requirements of the laws and regulations of this state and the federal government.

In order for students to be administered nonprescription medication by school personnel, a parent or guardian must:

- Complete and return this authorization form.
- Provide the district with any nonprescription drugs you wish to be administered in its original container from the manufacturer, which must include legible, unadulterated manufacturer instructions. The container must be labeled with the student's name.
- Provide the district with specific written instructions regarding the requested nonprescription drug's administration, including the date(s) the student is to be administered the drug, the dosage to be administered, the frequency of administration, and any other details or conditions relevant to administration.

School personnel will not administer nonprescription drugs in a manner inconsistent with the manufacturer instructions or state law. School personnel will not administer non-prescription drugs that is expired.

The undersigned are the parent(s), guardian(s), or person(s) in charge of

_____.

(name of the student)

I authorize and request school personnel to administer nonprescription drugs to my student. I release the school district, its officials, and employees from any and all liability concerning the administration of nonprescription drugs to my student.

DATED this _____ day of _____, 20__.

Parent/Guardian

**PARENTAL AUTHORIZATION AND RELEASE FORM
ADMINISTRATION OF PRESCRIPTION DRUGS TO STUDENTS**

The undersigned are the parent(s), guardian(s), or person(s) in charge of

(name of the student)

It is necessary that the student receive (name of drug) _____, a physician-prescribed drug, during school intervals beginning on (date) _____ and continuing through _____ (date)

I hereby request that the School District, or its authorized representative, administer the drug named above to my child named above, in accordance with the prescribing physician's instructions, and agree to:

1. Submit this request to the office.
2. Make certain the Physician's Request for the Administration of Prescription Medication by School Personnel is submitted to the office.
3. Make sure personally that the drug is received by the office administering it, in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
4. Make sure personally that the container in which the drug is dispensed is marked with the drug name, dosage, interval dosage, and date after which no administration should be given.
5. Submit a REVISED STATEMENT signed by the physician prescribing the drug to the teacher IF ANY OF THE INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.
6. Release the School District and the Board of Education of the School District and all employees, agents, and the representatives of the School District from any liability concerning the giving or non-giving of the drug to the student.

DATED this _____ day of _____, 20__.

Parent/Guardian

**ADMINISTRATION OF MEDICATION TO STUDENTS
PHYSICIAN'S REQUEST FOR ADMINISTRATION OF PRESCRIPTION
MEDICATIONS BY SCHOOL PERSONNEL**

DATE _____

CHILD'S FULL NAME _____ is under my care and
must take medication which I have prescribed during the school day.

Name of medication (as it appears on container in which the drug is stored)

Dosage and time _____

Date administration of drug is to begin _____

Possible adverse reactions to be reported to physician _____

_____ Special

instructions for the administration and storage of the drug _____

I or my designee(s) have trained school personnel or approved alternative training as adequate to administer the medication, have evaluated the situation, the general administration plan and if applicable, the self-administration plan or emergency care plan, and deemed each to be safe and appropriate, and if applicable authorize the use of hypodermic syringes and needles or similar medical terms.

Name of Physician and Designee

Print or Type

Primary Phone Number

Secondary Phone Number

Signature of Physician

RECORD OF SELF-ADMINISTERED MEDICINE

Parent's Phone _____

Student Name _____ Grade _____

Date to Begin _____ Date to End _____

Name of Medication _____

Dosage of Medication _____ Time _____

Doctor _____ Phone #1 _____

Phone # _____

Possible Adverse Reaction: _____

_____ gives permission for _____ our son/daughter to self-administer specific medications at school. This medication cannot be taken at any other non-school time.

DATED this _____ day of _____, 20__.

Students who are able to self-administer specific medication may do so provided:

1. The physician provides written authorization allowing self-administration of said medication.
2. The parent provides written authorization allowing self-administration of said medication.
3. Such medication is transported to the school and maintained under the student's control in the original, properly labeled package and (a) is not opened except when self-administering the medication, (b) is not self-administered during instructional time or in the presence of other students unless medically necessary, and (c) is not shown or exhibited to other students.
4. The student's physician or physicians' designee has (1) evaluated the situation and deemed it to be safe and appropriate; (2) documented this on the physician's authorization for the student's cumulative health record, and (3) approved the general administration plan.
5. The student and the student's physician or physician's designee have developed a plan for reporting and supervising self-administration.
6. The principal and appropriate teacher are informed that the student is self-administering prescribed medication.

Doctor's Signature _____