

Benton Consolidated High School District 103
SCHOOL MEDICATION AUTHORIZATION FORM

Student's Name _____ DOB _____ Grade _____

Address _____ Home Phone _____

EMERGENCY PHONE NUMBER

Physician's Name _____ Phone Number _____

Address _____

To be completed by student's physician:

Name of Medication: _____

Purpose of Medication: _____

Illness or Disease: _____

Dosage: _____ Time(s) to be given: _____ Duration: _____

Ideally all medication would be given before or after school hours. Please clarify the need to administer this medication during the school day:

Side effects to be alerted to: _____

Physician's Signature: _____ date: _____

To be read and signed by the parent:

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Benton High School District #103 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agent of the School District), lawfully prescribed medication to my child in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the School District employees and agents, either jointly or severally, from and against any and all claims, damages, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication. I further agree to ensure and to instruct my child to ensure that his/her medicine will be taken/sent to school and remain in separate container, defined as one medicine per container, distinctly labeled, in the originally authorized containers which display all appropriate and original labeling and administration information and warnings.

Parent's Name _____ date _____