

**RUSH COUNTY SCHOOLS
AUTHORIZATION TO DISPENSE MEDICATION**

PART I – TO BE COMPLETED BY PHYSICIAN:

The personnel at _____ School are hereby notified that _____, a student at said school, is under my care and that said school personnel are hereby requested to give the said student medication as listed below, in accordance with the directions listed below.

The undersigned physician further acknowledges that the legal custodian of said student has been informed as to the need for said medication and the directions for its use.

DIAGNOSIS FOR WHICH MEDICATION IS GIVEN: _____

NAME OF MEDICATION: _____

DOSAGE: _____ FORM: _____ TIME TO BE GIVEN: _____

IF MEDICATION IS TO BE GIVEN "WHEN NEEDED," DESCRIBE INDICATIONS: _____

HOW SOON CAN IT BE REPEATED? _____

IS CHILD AUTHORIZED TO CARRY "WHEN NEEDED" MEDICATIONS ON HIS PERSON? YES NO

LIST SIGNIFICANT SIDE EFFECTS: _____

LENGTH OF TIME THIS MEDICATION IS RECOMMENDED: _____

OTHER INFORMATION: _____

(DATE) (SIGNATURE OF PRIMARY CARE PROVIDER) (PHONE)

PART II – TO BE COMPLETED BY PARENT OR GUARDIAN:

I, as legal custodian of _____ request and direct the school personnel of _____ School to give said child medication as listed below:

Check one: It was prescribed by Dr. _____
 It is not a prescription medication.

NAME OF MEDICATION: _____

DOSAGE: _____ FORM: _____ TIME TO BE GIVEN: _____

IF MEDICATION IS TO BE GIVEN "WHEN NEEDED," DESCRIBE INDICATIONS: _____

HOW SOON CAN IT BE REPEATED? _____

LENGTH OF TIME THIS MEDICATION IS TO BE GIVEN: _____

IF SCHOOL DISMISSES EARLY OR HAS A 2-HOUR DELAY, EXPLAIN CHANGES IN YOUR CHILD'S MEDICATION SCHEDULE: _____

(DATE) (SIGNATURE OF PARENT OR GUARDIAN)

PART III – TO BE COMPLETED IF CHILD IS TO MEDICATE SELF (only for emergency medications)

My child, _____, has my permission to carry medication known as _____ on his/her person during the school day and medicate himself/herself.

(DATE) (SIGNATURE OF PARENT OR GUARDIAN)

PART IV – SPECIAL INSTRUCTIONS):

I give permission for my child, _____, to carry his/her medication home.

(DATE) (SIGNATURE OF PARENT)