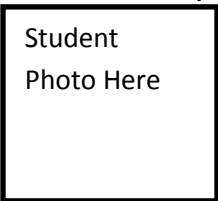


**MEDICATION AUTHORIZATION: Prescription Short Term**

**STUDENT** \_\_\_\_\_  
**SCHOOL** \_\_\_\_\_

**GRADE** \_\_\_\_\_  
**BIRTHDATE** \_\_\_\_\_



**Note:** Prescription Medication must be in the original container indicating the following information: student name, dosage, healthcare provider, pharmacy, date issued, and prescription number.

**PARENT STATEMENT:**

- I request that the following prescription medication be given to my child named above for not more than 15 school days for this condition \_\_\_\_\_
- I understand that only current medications will be given at school.
- I understand that in the absence of the school nurse, other trained school staff will administer the medication.
- I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner, in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements.
- I give permission for the school nurse to contact the health care provider regarding this treatment.
- **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.**
- ***I understand that this medication will be destroyed unless picked up by the end of the last student school day of the year.***

Medication _____	Dose _____	Route _____	Time to be given _____
Prescription # _____	Pharmacy _____	Begin Date _____	End Date _____
Healthcare Provider _____		Phone/Contact Info _____	
Storage instructions _____			
Special instructions for administration _____			
Possible Side Effects _____			

As parent/guardian of the above named student, I request the Kenai Peninsula Borough School District to give medication to my child.

X \_\_\_\_\_  
**Parent/Guardian Signature**

Date \_\_\_\_\_ Phone \_\_\_\_\_

Approved or  Denied

\_\_\_\_\_  
**School Nurse Signature**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

DATE	TIME	INITIALS
Name/Initials		
Name/Initials		
Name/Initials		