FOR SCHOOL USE ONLY:
Date Prescription Medication received by the Roeper School: _____

THE ROEPER SCHOOL

Authorization for Prescription Medication

Ideally, all medication should be given at home. The Roeper School personnel are not trained health care professionals. Parents and guardians have the primary responsibility for administering their child's medication; however, the school **may** cooperate with parents and guardians in administering prescription medication that is prescribed by a physician and authorized by parents or guardians. The Roeper School requires written authorization from a parent/guardian before a student may take prescription medication during the school day. This authorization form must be completed and returned to the main office before medication may be administered. This authorization form covers the prescription medication described below and is valid only for the dates of the prescription and, even then, no longer than the current school year. All prescription medication must be delivered to the school by a parent, guardian or an adult designated by the parent/guardian; delivered in the original container with labeling that includes date, the name of the student, physician, medication, prescription and the dosage/directions for use.

In the case of self-administration by a high-school student as authorized below, only the day's supply of medication is to be carried. The Roeper School nonetheless recommends that spare medication, properly labeled in its original container, be kept in the office in case the student runs out or forgets medication.

Epi-Pen/Inhalers: may be kept in the possession of the student if the parent/guardian and physician so indicate on this authorization form. However, the parent/guardian is strongly encouraged to provide a second inhaler or epi-pen to be stored in the school office.

This section is to be completed by the student's parent or legal guardian

Student Name: _____ D.O.B. or Age: _____

Parent/Legal Guardian Name(s): _____ _____ Stage: _____

Date and time of first dose of medication: Date: _____ Time: _____

High School Students Only: I give my permission for my high school student to carry this medication on his/her person and self-administer the medication: □Yes □ No If an epi-pen or inhaler is prescribed, I authorize the epi-pen or inhaler to be carried by my child: □Yes □ No

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

This section is to be completed by the student's physician

Name of prescription medication: _____

Dosage: _____Time to be Administered _____

For Period: (Date) _____ To:_____

Form of Medication: □ tablet/capsule □ liquid □ inhaler □ injection □ nebulizer □ other _____

Special storage requirements: □ none □ refrigerate □ other _____

Administration instructions: _____

Reason for Medication (diagnosis and intended effects):

_____

Possible side effects:_____

Circumstances under which no medication is to be given: _____

If an epi-pen or inhaler is prescribed, I authorize the epi-pen or inhaler to be carried by the student: □Yes □ No

Additional Comments:_____

Physician Signature: _____ Date: _____

Address: _____ Phone:_____

I acknowledge that I am primarily responsible for administering medication to my child. In the event I am unable to do so, or in the event of a medical emergency, I authorize the Roeper School and its employees and agents, on 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 an employee or agent of the Roeper School, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of prescription medication to my child to be performed by an individual other than a school nurse and I specifically consent to such practices. I further acknowledge and agree that when prescription medication is administered, I give my permission and authorization for this medication to be administered as prescribed above and for doing so, I release from liability and waive all claims that I may have against the Roeper School, its employees, agents and volunteers for any action or inactions associated with the administration of prescription medication to the above student.

Parent/Legal Guardian Signature: _____ Date:_____

Phone Number: Cell: _____ Home: _____

Other Phone Numbers:_____