2020/2021 Medication Authorization Form

Student Name: _____ School: _____Grade: _____

TO BE COMPLETED BY PHYSCIAN:

Diagnosis for Medication: _____

Medication Name	Dose	Time To Be Given *If **PRN** please indicate how often medication can be given*	Route	Side Effects	Special Instructions (Such as "take with food" or "crush pill")

Start Date: _____ **Stop Date:** _____

If **PRN** (as needed) list symptoms /conditions under which medication is to be given: _____

_____ _____ _____

Physician Signature **Date** **Physician Printed Name**

To be completed by parent/guardian:

I am giving permission for my child_____to receive the above medication/treatment at school according to school district policy and for the physician and school district staff to share information regarding my child's medication needs.

_____ _____

Parent/Guardian Signature Date

Please turn completed and signed form into office when completed.

Updated 6/2019

POLICY CONCERNING ADMINISTRATION OF

MEDICATIONS/MEDICAL PROCEDURES BY SCHOOL DISTRICT PERSONNEL

HOLD HARMLESS AND INDEMNIFICATION

In consideration of the agreement of persons at the District to administer medication and/or medical procedures to _____ _____, as requested by me and prescribed by a physician. I, on my own behalf, and on behalf of any other person associated with me, hereby agree to hold harmless and indemnify the Southgate Community School District, its Board of Education members, administrators, teachers, secretaries, and other employees, from any and all claims, damages, liabilities, demands, actions, causes of action, which may hereafter be asserted by any person, corporation, or other entity, against the parties listed above or against any other person associated with the Southgate Community School District under any legal theory based upon or arising out of circumstances related in any way to administration, by the District personnel, of medications or medical procedures to _____.

Witnesses:

_____ Signature of Parent/Guardian

_____ Telephone No. (Home)

_____ Emergency Contact Name

Date

_____ Emergency Contact Number

Please turn completed and signed form into office when completed.

Updated 6/2019