

Paola USD #368  
Authorization for Medication

Name of Student \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Time of Day Medication is to be given \_\_\_\_\_ Date Med. Started \_\_\_\_\_  
Anticipated Side Effects \_\_\_\_\_

Diagnosis/Reason for Medication \_\_\_\_\_

**Grades 6-12 ONLY:**

( ) Student may carry above listed inhaler, EpiPen, or insulin injection with him/her at all times to be used as directed by physician.

\_\_\_\_\_  
**Date** \_\_\_\_\_ **Signature of Physician** (for prescription meds only)  
Name of Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

I here by give my permission for \_\_\_\_\_ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I hereby release the school district and personnel from any liability for damages as a result of an adverse reaction to this medication, and acknowledge that the school bears no responsibility for ensuring the medication is administered. I hereby authorize the USD #368 Registered Nurse to exchange information regarding this request with the prescribing health care provider and with the pharmacy as identified on the affixed pharmacy label if clarification is required.

\_\_\_\_\_  
**Date** \_\_\_\_\_ **Signature of Parent/Guardian**  
Phone # \_\_\_\_\_

**NOTE:** All prescription medications are to be brought to school by the parent, in the newest original container and/or appropriately labeled by the pharmacy and physician, stating the name of the medication, and the dosage and times to be administered.

Medication Count

Date	Amount Received	Supplied By	Staff Initials

Date	Amount Returned	Taken By	Staff Initials

PAOLA USD #368 MEDICATION RECORD

Student \_\_\_\_\_

School Year \_\_\_\_\_

Medication, dosage, time \_\_\_\_\_

\_\_\_\_\_  
Licensed Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Delegated Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Delegated Signature

\_\_\_\_\_  
Initials

**X = Weekend**

**NS = No school**

**N = No med. available**

**A = Absent**

**O = No show**

**F = Field trip**

<i>Time/ /Int.</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															

Notes: