DEPARTMENT OF STUDENT SUPPORT SERVICES
OFFICE OF HEALTH SERVICES

AUTHORIZATION FOR ADMINISTERING MEDICATION TO STUDENT

The medication administration policy for students enrolled in the St. Louis Public Schools requires parents/guardians to read, understand, and complete the following before any medications can be given:

1. Sign an Authorization for Administering Medication to Student form at the beginning of each school year or anytime a medication is required during normal school hours.
2. Parent/guardian **must** deliver the medication to the school and present it to the school nurse or adult school staff designee. **Students may not transport medication to or from school that is to be administered by the school staff.**
3. Only bring medication to school in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
4. In the absence of the School Nurse, the medication designee may administer the prescribed medication.

Date _____ School _____

Student _____ DOB _____ Room _____

TO BE COMPLETED BY PARENT:

I, _____, give permission for my child named above to
PRINT NAME – FIRST, MI, LAST
receive the medication(s) listed below as directed.

X _____
SIGNATURE OF PARENT/GUARDIAN HOME PHONE EMERGENCY PHONE

TO BE COMPLETED BY PRESCRIBING PHYSICIAN OR PRACTITIONER:

1. Diagnosis _____ Name of medication_____

Specific time(s) and dose(s) to be given at school _____

Beginning date _____ Ending date _____

Side effects _____

Restrictions _____

2. Diagnosis _____ Name of medication_____

Specific time(s) and dose(s) to be given at school _____

Beginning date _____ Ending date _____

Side effects _____

Restrictions _____

Printed Name of Prescribing Physician Signature of Prescribing Physician Date

Prescribing Physician's Phone Number Office Address