



BETHANY CHARTER SCHOOL

**AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL**

In accordance with the Silver Falls School District policy and regulations regarding the administering of medication to the students, the following information and authorization are required.

Medication must be sent to school in its original container with the student's name affixed. In the case of prescription medication, it must be accompanied by the physician's prescription (a prescription label is sufficient). Medication is only administered at school if it is required that it be given during school hours.

Student's name: \_\_\_\_\_ Parent phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Date medication started at school: \_\_\_\_\_ Date medication discontinued: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



*I request and authorize that the school dispense this medication in accordance with the directions above, for prescription medication, the direction of the physician. I understand that any medication not picked up within ten days of the end of the medication period, or the end of the school year, whichever is earlier, will be destroyed.*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician signature*  
*(required if instructions are different than prescription label)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Phone

**ALL MEDICATION, BOTH PRESCRIPTION AND NO-PRESCRIPTION, MUST BE SENT PROPERLY LABELED AND IN THE ORIGINAL CONTAINER. IF STUDENTS ARE SELF-MEDICATING, AN ADDITIONAL FORM IS REQUIRED**