PHYSICIAN'S AUTHORIZATION OF MEDICATION FOR A STUDENT AT

GRAY STONE DAY SCHOOL

Physician's Authorization Form must be completed, signed by physician and parent for medication to be given at school. Prescription medication must be in the most current pharmacy labeled container. Over-the-counter mediation must be provided in unopened original container. A new form must be completed each year or if prescription changes. Medication will not be administered on delayed days/early release days if outside of scheduled medication window. If medication is not picked up by last day of school, it will be disposed.

STUDENT: _____

GRADE: _____ DATE OF BIRTH: _____

MEDICATION: _____ (one medication per form)

DOSAGE AND ROUTE: _____

TIME(S) TO BE GIVEN AT SCHOOL: _____PRN: _____

Significant Info (side effects, toxic rxn, reaction if omitted, etc.): _____
Contraindications for Administration: _____

Student Self Administration of Medications (For Physician's use ONLY)

Asthma inhalers, epinephrine (epi pens) and diabetic supplies may be carried & self-administered according to NC law with a physician's signature. Parent must provide an extra of the listed medication in case of an emergency.

_____ **(physician's initials) I agree this student demonstrates the knowledge & skill necessary to self-medicate (limited to asthma inhalers, epi pens and diabetic supplies)**

Clinic Stamp

_____
Physician's Signature

_____ _____
Date Telephone

I hereby give permission for my child (named above) to receive this medication. I understand that the school undertakes no responsibility for administration of the medication. This medication has been prescribed by a licensed physician. I hereby release Gray Stone Day School and its employees from any and all liability which may result from my child taking the prescribed medication.

_____ _____ _____
Date *Telephone* *Parent/Guardian's Signature*

FOR SCHOOL ONLY

Individuals to Administer Drug: _____

Reviewed By: _____ _____
Principal *Date*

Reviewed By: _____ _____
School Nurse *Date*