

## Devon Preparatory School - Medication Authorization Form

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

This form must be completed in the event that any prescription or over the counter medication must be taken during the school day, including school sponsored activities and overnight trips.

**For daily and emergency meds:** Return this form to the school nurse's office, with the medication in its original labeled container, prior to the start date. *Please use one form for each medication. Do not add multiple meds to this form.*

**For overnight trips:** In addition to this form, please complete the Daily Medication Sign Out Sheet AND the Medication Field Trip Screening Form.

**Please Note:** All medications must be held by the assigned chaperone. The bottle of medication will be passed to the student at the scheduled time. The student will require physician permission below to open the bottle, take the appropriate dose of medication, replace the cap, and return to the chaperone.

<b>To be completed by the</b>	
<b>Physician:</b> _____	
<b>Please note: We do not require this form for tylenol, ibuprofen, benadryl, or tums (as we already have school orders and permissions). Chaperone will call the parent/guardian before giving on field trips.</b>	
<b>Medication name:</b> _____	<b>Dose:</b> _____
<b>Time to be given:</b> _____	<b>Reason for medication</b> _____
<b>Route (circle):</b> PO    Topical    Inhaled    Nebulized    Other	
<b>Start date:</b> _____	<b>Stop date:</b> _____
<b>Please check all that apply:</b>	
<input type="checkbox"/> This student has my permission to carry this medication in school and is capable of self-administration <b>(*applies only to emergency medications: inhalers, EpiPens and glucose tabs).</b>	
<input type="checkbox"/> This student is capable of self-administration on school trips.	
_____ <b>Physician signature</b>	_____ <b>Date</b>
<b>Physician printed name or stamp</b> _____	

By signing below, I agree to release Devon Preparatory School and its directors, administrators, and employees from any liability for personal injury to my child resulting from the administration of the above-described medication unless such is caused by intentional misconduct by the directors, administrators or employees of Devon Preparatory School and to indemnify and hold harmless Devon Preparatory school, its directors, administrators and employees for any claims asserted of the nature described in this paragraph.

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

