Hinton COMMUNITY SCHOOL DISTRICT
AUTHORIZATION/PERMISSION FOR **MEDICATION or PROCEDURE** ADMINISTRATION

Student: ______________________________ Birthdate: ______________
School: ______________________________ School Year: ____________

Medication/Procedure, which cannot be managed at home, shall be administered at school when the following are on file at the school:

- Physician's signed and dated authorization which includes the: medication/procedure, dosage, route, time to be given at school, dosage repeat, symptoms, and side effects.
- Parent/Guardian signed and dated authorization.
- Medication/equipment delivered to school in the original packaging.
- A prescription label must be attached to the medication container(s).
- Authorization orders must match the prescription label on the medication container(s).
- Annual renewal of authorization and immediate notification, in writing, of changes.
- Medication/Equipment will be kept in a secured area and shall be administered by qualified staff.

PHYSICIAN AUTHORIZATION/PERMISSION SECTION (To be filled out by physician)

The above named student is under my medical supervision. I have prescribed the following:

____

Name of Medication and mg or Procedure **Dosage @ school** **Route**

____

Time given @ school **Diagnosis & ICD-9 code (Must have for Medicaid)**

____

Anticipated reactions/possible side effects

Physician Signature________________________________ Date______________________
Phone__________________

PARENT/GUARDIAN AUTHORIZATION/PERMISSION SECTION

I request the above pupil be given the following while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable prudent person would under the same or similar circumstances.

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Name of Medication & mg or Procedure Dosage @ school Time @ school Route

Child's Physician__________________________

Parent/Guardian
Signature____Date__________________

Phone: Home________________ Work____________________

H-1(Rev 12/08)