



Physician’s Authorization for Medication at School

2018-19 School Registration

Dear Parent/Guardian:

Please be aware that medical treatment is the responsibility of the parent and the family physician. Medications are rarely given in school. The only exceptions involve special or serious problems where it is deemed necessary to administer the medication during school hours. The parent/guardian is urged with the help of the family physician to work out a schedule of giving medication outside school hours.

It is understood that the school is not legally obligated to administer medication to my child and, therefore, I agree to hold the school district and its employees free from any and all responsibility for the results such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

We, the undersigned, who are the parents/guardians or care providers request that medicine be administered to our child in accordance with our physician’s instructions on the reverse side of this form by a member of the school staff. I will notify the school immediately if we change physicians, if the medication is changed, or administration is to be discontinued.

I give my consent for Westlake Charter School personnel to administer the specific medication(s) listed on the reverse side of this form to my child, and for WCS to contact the physician named below with concerns or questions about the medication(s) being administered at school.

Student Name: _____

Physician Name: _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Parent(s)/Guardian(s) Home Phone: _____

Parent(s)/Guardian(s) Work Phone: _____

Parent(s)/Guardian(s) Cell Phone: _____

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Medication may be given to students by school personnel, whenever physician's find it necessary to prescribe medication during school hours. School personnel will of course cooperate with parents in this regard by providing a safe place for the medication to be stored, etc., however, the major responsibility for a child taking medication at school rest entirely with the child's parents.

Physicians may find it necessary to prescribe medication during school hours. Any medication brought to school for intake **must be properly labeled with the following information:**

Student Name: _____ DOB: _____

Address: _____ Zip: _____

Medication Name: _____

Medication Form: _____ Dosage: _____

Medication Strength: _____ Amount per Dose: _____

How Often: _____ Time of Day: _____

Date to start: ___/___/___ Date to discontinue (if appropriate): ___/___/___

Condition for which medication is being given: _____

Note any untoward effect of medication: _____

Additional instructions from physician: _____

Physician's Printed Name: _____ Phone #: _____

Physician signature: _____ Date: _____

Physician's Stamp {REQUIRED}: