

**GASCONADE COUNTY R-1 SCHOOL DISTRICT**

**Physician Authorization for Medication**

**Does the student take medication that will need to be administered during school day?  
If yes, complete this form. If no, check here and sign at bottom. No Medications: \_\_\_\_\_**

**Name of Student:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Name of Licensed Prescriber:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**I have determined that it is necessary for this medication to be administered during school hours for the diagnosis of:** \_\_\_\_\_

Medication to be administered: \_\_\_\_\_  
Route: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency/time(s) of administration: \_\_\_\_\_

Optional information:

1. Side effects, contraindications, or possible adverse reaction to be observed:  
\_\_\_\_\_  
\_\_\_\_\_
2. Other medication being taken by this student: \_\_\_\_\_  
\_\_\_\_\_
3. The date of the next scheduled visit or when advised to return to prescriber: \_\_\_\_\_
4. Consent for self-administration, provided the school nurse determines it is safe and appropriate.  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Prescriber                      Date

**Parent Authorization for Medication Administration**

**I am requesting the school nurse or designated school personnel to administer the medication prescribed by**  
\_\_\_\_\_  
**(Licensed Prescriber)**                      to                      \_\_\_\_\_  
**(Student)**

**I request the above student receive this medication according to the prescription for medication and any special instructions. I understand the information is confidential according to the Family Rights and Privacy Act (FERPA), and school personnel, needing to know, have access to this information. I agree to coordinate and work with school personnel and the prescriber if questions arise. The parent/guardian is responsible for medications brought to school so medication can be given as ordered.**

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**