**Print Form** 

## **MEDICATION AUTHORIZATION**



Mat-Su Borough School District 501 N. Gulkana Palmer, AK 99645 P: (907) 746-9200

It is the policy of the Matanuska-Susitna Borough School District that medication may be dispensed in school only when the student's health requires that the medication be given during school hours. Medication to be dispensed at school must be in an original, properly labeled prescription bottle. **This form, or a written statement signed by the health care provider, is required for all medication prescribed for more than two weeks.** This form must be updated annually. All medication will be destroyed unless picked up by the end of the last student school day of this year.

this year. <b>School Nu</b>	rse	Sc	cked up by the end of the las	<del>-</del>	
Pnone		Fax_ Fax			
Student:	DOB:	Medication:	Dose:	Route:	
<u>Time:</u>	Reason:	Side effects:	Special Instruction	ns: Start Date:	
				Discontinue Date:	
D	ate		Health Care Provider Signature		
Phone and Fax N	umbers		Health Care Provide	er Printed Name	
O BE COMPLETED I	BY THE PARENT A N MAY BE ADMIN	AND HEALTH CARE F ISTERED	PROVIDER AND RETURNE	D TO THE SCHOOL NURS	
ctivities, as prescribed ealth care provider re understand all medic	d by my child's hea garding this treatm ation will be admini	Ith care provider. Perment.  stered by the school n	I medication at school and/or hission is also given for the s urse or designated school er	chool nurse to contact the nployee in the absence of th	
		he following staff. I d e absence of a register	elegate the staff members li red nurse.	sted below the task of	
STAFF MEMBERS	TRAINED Name	Title	Location/Room #	Trained By	
fficials, from any liabilit	y or damages as a res	ult of the administration of	th School District, its employees of this medication or the effects of e, adverse or ill effects from the	of the medication. I agree to	
 Date			Parent/Guardian Signature		