

RADFORD CITY SCHOOLS

School Medication Authorization Form

We encourage parents to have a child's medication administered at home and not at school, if at all possible. However, if your physician decides it is necessary for your child to receive a medication during the school day, approval and specific directions must be provided to the school. It is recommended that the first doses of medication be administered at home.

Send the medication to the school in the original or duplicate bottle or box with the current prescription label on the container.

Student's name:	Birth date:
Grade:	Teacher:
Name of medication:	Dosage:
Frequency:	Time to be given in school:
Diagnosis requiring medication:	
Expected side effects, if any:	
Intended effect of this medication:	
Student is able to self-administer medication: Yes _____ No _____	
Student authorized to carry own inhaler: Yes _____ No _____	
Other medications student is receiving:	
Physician's signature:	
Physician's name (please print):	
Address:	Office phone:
Date:	

I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the Radford City School Division and its employees and agents to administer or to attempt to administer to my child, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and I specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the school division, its employees and agents arising out of the administration of said medication.

Parent(s)/Guardian(s) signature:
Parent(s)/Guardian(s) name (please print):
Date: