



"In our every deliberation, we must consider the impact of our decisions on the next seven generations."

- Great Law of the Iroquois Confederacy

Medication Authorization Form

Student's Name

Date of Birth

Grade

This form is to provide medical and parental authorization for medication to be provided during school hours. **Both the physician and the parent/legal guardian portions of this form must be completed entirely, signed and returned to the school before the medication may be administered.**

The following section is to be completed by the prescribing physician:

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication which is necessary to be given in school. **A separate form must be completed for each medication prescribed or any change.**

Diagnosis for which medication will be required at school:
Name of medication:
Route (please check one) <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> subcutaneous <input type="checkbox"/> inhaled <input type="checkbox"/> intramuscular <input type="checkbox"/> other
Dosage:
Frequency: <input type="checkbox"/> PRN <input type="checkbox"/> Daily Scheduled Time
List any significant side effects of the medications:
Length of time (duration) medication is needed:
If applicable, is student authorized to self-carry and use asthma inhalation medication or Epi pen and self administer <input type="checkbox"/> YES <input type="checkbox"/> NO
Physicians name: _____ Phone: _____ Fax: _____ (Please Print)
Physician address: _____
Physician Signature: _____ Date: _____

The following section is to be completed by the parent or legal guardian

I hereby release, discharge, and hold harmless, Seven Generations Charter School, its agents and employees, from any and all liability claims whatsoever in connection with the administration of the above medication to my child. It is my responsibility to notify the school if and when these orders change.

Inhalation asthma inhalers and EpiPens are the only medications sent on any field trips or off campus events.

Name : _____ Relationship: _____

Cell Phone# _____ Home Phone # _____

Signature: Parent/Legal Guardian _____ Date: _____