



## **MEDICATION AUTHORIZATION FORM CHECKLIST**

As a parent/guardian, I understand the following when prescription medications are given at school:

- ☐ I understand students are not allowed to self-carry medications without proper paperwork and specific permission by the Nurse
- ☐ I understand medications will be administered by the nurse or a trained school employee
- ☐ I understand a new medication authorization form will be required each school year, and whenever there is a dosage change
- ☐ I understand a parent/guardian is responsible for maintaining necessary supplies, medications, and equipment
- ☐ I understand it is the responsibility of a parent/guardian to give the first dose of a new medication at home, including a dosage change.
- ☐ I understand all medications, both prescription and over-the-counter, must be in the current original pharmacy container and label, with the child's name, medication name, administration time, dosage, and health care provider's name
- ☐ I understand over-the-counter medication must be in the original manufacture container
- ☐ I understand the information contained in this order will be shared with school staff on a need-to-know basis
- ☐ I understand it is my responsibility to notify the school nurse of any changes in my student's health status, care, or medication order
- ☐ I understand it is the responsibility of parents to retrieve any unused medication if the student discontinues their medication, is withdrawn from the school and/or at the end of the school year or they will be disposed of at the local police station