Jal Public Schools
MEDICATION AND/OR NURSING PROCEDURE AUTHORIZATION FORM

Medication will be administered in the school ONLY when it is necessary for a student to remain in school. Medication should be sent to school with or for a student ONLY WHEN IT IS AN ABSOLUTE NECESSITY.

The purpose of this policy is to ensure that students receive necessary medication according to their physician's orders and to ensure maximum safety for all concerned. Please understand that your signature on this form authorizes other school personnel to supervise your child with self-administration of medication when the school nurse in not available.

Should you be asked to complete one of these forms, please read the form thoroughly and respond to ALL items. Contact the school nurse if you have any questions. THANK YOU.

One form must be filled out ANNUALLY for EACH medication PRESCRIPTION AND NON-PRESCRIPTION or NURSING PROCEDURE.

PHYSICIAN'S STATEMENT:

Date: _____

Jal Public Schools
School Phone: (575)395-2840 Fax: (575)395-2419

Student's Name: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____ Dosage: _____

Time of Administration: _____ Duration of Administration: _____

Special Instructions for Medication/Nursing Procedure: _____
_____
_____

_____Student may self administer under direct supervision of a designated, trained staff person. Medication will be locked up in the Nurse's Office.
_____Student may self-administer without supervision.

Physician's Signature: _____ Phone: _____

Physician's Name (Print):_____

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PARENT/GUARDIAN STATEMENT:
I/We the parent(s) of _____ (Student's Name) hereby Request that this medication be given to my/our child according to the physician's instructions.

I/We agree to furnish the necessary medication in a pharmacy/original labeled container, to provide replacement medication as necessary, an to provide a new physician's statement if there is ANY changein medication, dosage, administration time, administration route, or special instructions regarding the medication. I/We understand the other designated personnel (other than the school nurse) may supervise the child with self-administration of medication.

Parents/Guardian's Signature: _____ Date: _____