

**General McLane School District  
Authorization for Medication at School**

Student \_\_\_\_\_ School \_\_\_\_\_ GR/HR \_\_\_\_\_

Diagnosis for which medication is given \_\_\_\_\_

Dates medication to be given \_\_\_\_\_ to \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time to be given \_\_\_\_\_

If "PRN", describe indications / intervals \_\_\_\_\_

Can this medication be adjusted to accommodate class trips/schedules?    YES    NO

If yes, by how much? \_\_\_\_\_

Any limitations of school activities? \_\_\_\_\_

**Physician:** I verify the student is able to self-administer a fast-acting inhaler or epinephrine, and:

- Student may carry and self-administer fast-acting inhaler or epinephrine **while in school.**
- Student may carry and self-administer fast-acting inhaler or epinephrine **on field trips and during school sponsored activities.**

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's name printed

\_\_\_\_\_  
Physician's office phone number

**Parent must check box if requesting that student self-carry fast-acting asthma inhaler or epinephrine.** The student must notify the School Nurse following each use of medication. If District policies are abused or ignored, immediate confiscation of the medication and loss of self-administration privileges will occur.

- I, the parent/guardian, am responsible for ensuring my child has a supply of the above prescribed medication on their person. I understand the General McLane School District, its Board, employees, and agents are not responsible for ensuring this medication is taken, and cannot be held liable if my child fails to self-medicate as prescribed by the physician.*

*I, the parent/guardian, understand all medication must be in the original pharmacy labeled container. I am responsible for taking a supply to the school to be dispensed by a licensed nurse as designated by the General McLane School District policy. With the intent to be legally bound, I hereby release, discharge, hold harmless, and indemnify the General McLane School District, its Board, employees, and agents from any liability whatsoever for any personal injury, damages, or expenses to student or to parent/guardian caused by the administration of this medication.*

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number