**SCHOOL DISTRICT OF BAYFIELD PRESCRIPTION MEDICATION**
**PHYSICIAN AND PARENT/GUARDIAN AUTHORIZATION FORM**

STUDENT NAME_______________________________________________DOB________________________

To be completed by prescribing practitioner:

| | Medication Name | Medication Reason | Dose | Administration Time | Route | Side Effects | Adverse Reactions |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

**Medication given at school must be in the correct pharmacy container labeled with the student's name, pharmacy name and number, prescriber's name, medication name and dose, and frequency of administration.**

**Special instructions, symptoms/conditions for PRN, additional dose conditions:**

______________________________________________________________________________________

______________________________________________________________________________________

**Start date** if not the beginning of the year:____________________ **Stop date** if not the end of the year:_________________

Prescriber's name:__________________________________ Phone:________________________ Fax:______________________

Facility:___________________ **PRESCRIBER'S SIGNATURE**______________________________________ **DATE**____________

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**Parent/Guardian Section:**

I request and give permission for (Student name)_________________________ Grade__________ to receive the above medication(s)/treatment at school according to standard school district policy and for the prescriber/staff and school district staff to share information needed to assist my child with medication needs. I agree to hold the School/District of Bayfield, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any change is necessary.

**PARENT/GUARDIAN SIGNATURE**________________________________________________ **DATE**_______________________

School Nurse Phone # 715-779-3201 Ext: 143 Fax # 715-779-5268

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