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# PARKWAY SCHOOL DISTRICT
# AUTHORIZATION TO ADMINISTER MEDICATION

**Name of Student** ___________________________________ **Date of Birth**_____________ **Grade**____

School Year__________________ Name of School _____________________________________________

Parent/Legal Guardian Name_________________________________________________________________

Phone number(s) ____________________________________________________________________
(Cell) (Work) (Home)

Note to Parents/Guardians and Licensed Prescribers: Please review Parkway's medication policy and regulations at http://www.boarddocs.com/mo/pkysd/Board.nsf/Public#

**TO BE COMPLETED BY PHYSICIAN/LICENSED PRESCRIBER:**

I request that the above named student be allowed to take the following medication at school:

Name of medication (no abbreviations): _________________________________________________

Dosage: ________________________________ Frequency/ Time(s): __________________________________

Reason for medication/diagnosis: ________________________________ Duration for medication: __________

Possible side effects: ____________________________________________________________________

Other medication currently being taken: __________________________________________________

Physician/Licensed Prescriber's Name:__________________________________________________
(printed)

Phone Number: ____________________________________ Fax Number: ______________________________

Physician's Signature: ______________________________________________________Date:____________

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**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN:**

I am the parent or legal guardian of the above named student. I request that the school nurse, or in the nurse's absence the principal or principal's designee, be caretaker of and administer the above listed medication to my son/daughter. I have given the first dose of this medication at home. I release Parkway School District from the responsibility of any adverse side effects of this medication.

All medication (prescription or over the counter) must be in its original labeled container.

Other instructions: ________________________________________________________________________

Parent/Guardian signature: __________________________________________________ Date:____________