

Lawrence Public Schools USD 497
Health Services

Authorization for Nonprescription Medication - Confidential

Name of student _____ Date of birth _____

School _____ Grade _____ Teacher _____

Medication _____ Dose _____

Reason for medication _____

Time of day medication is to be given _____ Common side effects _____

Special instructions _____

Has the first dose of this medication been given? YES NO
**District policy does not allow school personnel to give the first dose of any medication

I hereby release the school district and personnel from any liability for damages as a result of an adverse reaction to this medication, and acknowledge that the school bears no responsibility for ensuring the medication is administered. I authorize the disclosure of information regarding this medication from _____ to USD 497 and from _____ Health Care Provider the records of USD 497 to _____ Health Care Provider. I understand that the information thus obtained will be treated in a confidential manner.

Date _____ Signature of parent/guardian _____

NOTE: Nonprescription medication may be given for a specific, time-limited minor illness or for intermittent medical conditions. **If the medication is needed for more than ten doses, a prescription will be required in order for the medication to continue to be given at school.** The medication must be provided in its original container with a legible label, and authorized for the dosage recommended for children on the package. Authorization for nonprescription medication administered at school is required by Lawrence Public School Board Policy JGFGB.

Date/ time/initials	Date/ time/initials	Date/ time/initials	Date/ time/initials	Date/ time/initials
Date/ time/initials	Date/ time/initials	Date/ time/initials	Date/ time/initials	Date/ time/initials

Nursing Assessment Date:	Signature	Initials
Delegating Nurse		
Unlicensed staff		