



GLEN LAKE SCHOOL
MEDICATION/TREATMENT AUTHORIZATION
FORM



Name of Student _____ Birth Date _____

School _____ Teacher/Grade _____

SECTION I - To be completed by the physician or licensed healthcare provider on all medications (REQUIRED):

Diagnosis/Purpose of medication/treatment (optional) _____	
Name of medication/treatment _____	
Dosage _____	Frequency _____ Route _____
Start date _____	Stop date _____ indefinite _____
Instructions, adverse reactions, storage requirements, etc. _____	
Physician's Signature _____	Date _____
Physician's Name (print or stamp) _____	Phone _____
Address _____	

SECTION II - To be completed by parent/guardian (REQUIRED):

<p>Medications and treatment supplies will be brought to school by the parent/guardian unless other safe arrangements are necessary and possible. All medication should be kept in a labeled container as prepared by a pharmacy, physician or pharmaceutical company and labeled with the student's name, route, dosage, and frequency. The prescription renewal and medication/treatment supply shall be the parent/guardian responsibility.</p> <p>The student is responsible for presenting himself/herself on time and for taking the medication as prescribed. The undersigned parents/guardians shall notify the School District in writing in the event the prescription shall be discontinued.</p> <p>I request that the medication/treatment be administered in conformance with the physician's/licensed health care provider's directions and according to the School District's policy. I have reviewed the Glen Lake School Policy entitled "Administrative Regulation Policy 5330 Use of Medications" and agree to abide by the terms.</p>	
Parent/Guardian Signature: _____	Date: _____

SECTION III - Self Administration to be completed by parent/guardian and student:

<p>In certain circumstances students are permitted to self-administer medications and treatments. The decision to self-administer is determined by the student's health condition, their level of maturity and responsibility and the type of medication. Students shall not distribute or share their medication or he/she will be subject to disciplinary actions.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Elementary Y5/K -5 Middle School 6- 8 Senior High 9 -12</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Emergency medication only Emergency medication and medication that is not a controlled substance All medication</p> </td> </tr> </table> <p>I request that my child be allowed to self-administer the above medication according to school policy. I feel that they are both capable and responsible to hand carry and self-administer this medication.</p>		<p>Elementary Y5/K -5 Middle School 6- 8 Senior High 9 -12</p>	<p>Emergency medication only Emergency medication and medication that is not a controlled substance All medication</p>
<p>Elementary Y5/K -5 Middle School 6- 8 Senior High 9 -12</p>	<p>Emergency medication only Emergency medication and medication that is not a controlled substance All medication</p>		
Parent/Guardian Signature: _____	Date _____		
Student Signature: _____	Date _____		

Duplication of this form is permitted by GLS.

ORIGINAL: School Office