Parent Authorization to Administer Medication in Community Ed

The parent/guardian of **(Child's Name):** _____**DOB:** _____ **Grade:** _____ requests that Community Ed staff administer the below described medication(s) to my child according to the Health Care Provider's/Licensed Prescriber's signed instructions below.

It is parent/guardian's responsibility to furnish the necessary medication and administer the first dose. The parent/guardian agrees to give the child's Health Care Provider/Licensed Prescriber permission to share information about the administration of this medication with Community Ed staff delegated to administer medication, if necessary.

Prescription Medications must be packaged in original container with the prescription label properly affixed thereto and listing: child's name, name of medication, time medication is to be given, dosage, date medication is to be stopped, Licensed Health Care Provider's name, pharmacy name and phone number. Dosage must match the signed Health Care Provider/Licensed Prescriber authorization below. Inhalers and epinephrine injectors do not require the section below to be completed by a Health Care Provider/Licensed Prescriber.

Over-the-Counter Medications must be packaged in original container and be labeled with child's name. Dosage must match the signed Health Care Provider authorization below. Sunscreen may be applied without signature of Health Care Provider/Licensed Prescriber.

By signing this document, I give permission for Community Ed staff to administer medications indicated below in accordance with Community Ed guidelines.

_____ _____ _____
Parent/Guardian Name | Parent/Guardian Signature | Date

Health Care Provider/Licensed Prescriber Authorization to Administer Medication in Community Ed

Not required for inhalers, epinephrine injectors or sunscreen.

Please email form to info@prcommunityed.org OR fax form to 636-891-8844, attention: Inclusion Specialist.

Attention Health Care Provider/Licensed Prescriber: Community Ed offers youth, adult and family programming including but not limited to: before and after care, sports, arts/enrichment, aquatics and outdoor education. In most cases, programs are not staffed with a school nurse or medically-trained professional. As such, medication would be administered by Community Ed staff and not by, or under the supervision of a school nurse or medically-trained professional.

Medication: _____

Dosage:_____ Route:_____

To be given at the following time(s):_____

Special Instructions:_____

Purpose of Medication: _____

Possible side effects of medication:_____

Starting Date:_____ Ending Date:_____

By signing below, you acknowledge that Community Ed staff would be administering medication(s) to the child indicated above.

_____ _____
Health Care Provider/Licensed Prescriber Name | Health Care Provider/Licensed Prescriber Signature

_____ _____
Phone Number | Date

Community Ed Administrator Approval

Community Ed agrees to administer medication as prescribed above by the Health Care Provider/Licensed Prescriber.

_____ _____ _____
Community Ed Administrator Name | Community Ed Administrator Signature | Date