



Honoring excellence. Celebrating intelligence. Rewarding creativity.

AUTHORIZATION to ADMINISTER MEDICATION

Pages: ADMISSIONS: Reg '22- RX Auth, 08-09-22 (print on LIGHT GREEN)

UNDER NO CIRCUMSTANCES SHOULD ANY SCHOOL EMPLOYEE ATTEMPT TO SUGGEST A DIAGNOSIS OR PRESCRIBE OR GIVE MEDICINE OF ANY KIND, INCLUDING ASPIRIN, TO A STUDENT.

If absolutely essential that medication be administered during school hours, exceptions can be made. However, for the protection of all concerned, it is necessary for the school to have the following specific information and signatures prior to administering medication.

PHYSICIAN'S STATEMENT

STUDENT _____ BIRTH DATE _____

NAME or TYPE of MEDICATION _____

AMOUNT to be GIVEN _____

TIME(S) to be ADMINISTERED _____ (preferred times are 12:30 PM and/or 3:00 PM)

POSSIBLE SIDE EFFECTS _____

SPECIAL INSTRUCTIONS or OTHER COMMENTS

DURATION of TREATMENT _____ (limited to current school year)

PHYSICIAN'S NAME _____ PHONE _____

ADDRESS _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PARENT'S STATEMENT

I hereby give permission for the above medicine to be administered to my child, who is named above, by personnel of Steppingstone School.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Steppingstone is an independent, accredited 501(c)(3) non-profit school (Young K - Grade 8) for gifted students and does not discriminate based on race, color, creed, gender/preference, religion or national or ethnic origin in the administration of any school policy or program.