



Bismarck Public Schools

MEDICATION ADMINISTRATION AUTHORIZATION: PRESCHOOL / ELEMENTARY SCHOOLS

Directions for Parent: Please complete this form if you want **BPS staff to administer prescription and non-prescription medications to your child. (Exception: reliever inhalers and Epipens).** (1) One of these forms **must** accompany **each medication** to be administered; (2) One of these forms **must** accompany each **new medication** or **change** in dosage that may occur during the school year; (3) All types of medications must be in their **original containers**; and (4) As appropriate, this remains in effect through any summer school programs following the regular school year. Per District guidelines, parents (rather than children) should deliver medication to designated school personnel. Thank you!

Child's Name		DOB	Grade
Parent/Guardian		School/Teacher	
Parent/Guardian Phone Numbers:	Home:	Work:	Cell:
Physician/Phone:		Hospital/Phone:	

AUTHORIZATION FOR MEDICATION ADMINISTRATION (only if required during school hours)

Medication: _____ Strength: _____ How Many: _____ Time to Give at School: _____
 Route (Circle One: By Mouth Inhaled/Nasal Apply to Skin Apply to Eyes Drop into Ears Other: _____)
 Instruction for Use: _____
 Medication Side Effects: _____
 Other Information Staff Should Know About Student and This Medication: _____

AUTHORIZATION:

- I give permission to Bismarck Public School personnel to administer this medication. I understand that administration of this medication will not necessarily be done by a nurse.
- I will notify the school immediately if my child's health status changes, or this medication is discontinued.
- I give permission to School personnel to contact the physician as needed; and that medication/health information may be shared with staff who need to know.

I have read and understand the "Directions" and "Authorization" sections listed above (circle one): YES NO

I authorize school personnel to administer this medication to my child (circle one): YES NO

Parent _____ Date: _____