



Administration of Medication

Students Name _____ DOB _____ School _____ Grade _____ SY/SUM _____

Parents/guardians requesting Community Education Services (CES) staff to give **any** medication to their child must provide written permission each season. Medication will not be administered without signatures by the child's licensed health care provider and the parent/guardian. The medication must be provided in the **original, labeled container**. (You are able to request prescription medication be divided in two bottles completely labeled - one for home and one for school.)

PHYSICIAN/LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY CES STAFF					
<i>To be completed by physician/licensed prescriber</i>					
Medication	Dose in mg	Frequency	Route	Medical Condition	Other Info
Print Name of Physician/Licensed Prescriber				Clinic Name	
Phone			Fax		
Signature of Physician/Licensed Prescriber <i>(required)</i>				Date	

<u>Parent/Guardian Authorization</u>
<ol style="list-style-type: none"> 1. I request that the above medication/s be given at KIDS Club/WISE Guys/SONIC as ordered by my child's physician/licensed prescriber. 2. I give permission for my child to carry the above medication in their backpack. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ 3. I request that the above medication be sent on field trips. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ 4. I will notify KIDS Club/WISE Guys/SONIC if medication is stopped or changed. 5. I give permission for the medication/s to be administered by KIDS Club/WISE Guys/SONIC personnel (not a licensed nurse.) 6. Legally I may refuse to sign this form. If I refuse to sign, KIDS Club/WISE Guys/SONIC will not be able to administer the prescribed medication. 7. This consent may be revoked at any time by sending a written notice to KIDS Club/WISE Guys/SONIC.
<p>_____</p> <p>Parent /Guardian Signature Date</p>

<u>Permission for Release of Information</u>
<ol style="list-style-type: none"> 1. I give permission for the KIDS Club/WISE Guys/SONIC staff to communicate, as needed, with school staff about my child's medical condition/s and the action of the medication/s. 2. I give permission for the KIDS Club/WISE Guys/SURGE staff to contact my child's physician/licensed prescriber regarding questions about the above listed medication/s or medical condition/s being treated by medication/s.
<p>_____</p> <p>Parent /Guardian Signature Date</p>