



August 31, 2017

Dear Parents,

We are required by law to have the attached Medication Authorization Form completed **for each of your children** that you want us to dispense medication to at school. This same form is used for prescription and over-the-counter medications. For prescription medications, we please need a physician's signature. For over-the-counter medications, we only need your signature.

If you have a child that has a **prescription medication** (including asthma inhaler or insulin) that may need to be administered by our staff, we ask that you please print and complete the attached Request for Giving Medication at School form, including having your child's physician sign the form. Please return this form to our front office. We will store your completed form in our health office with your child's medication. Please note that medication, including inhalers and Epi-Pens, cannot be stored in classrooms or with students, without administrative approval.

If you have a child that may have an occasional **over-the-counter medication need**, including but not limited to Ibuprofen, Tylenol, antacid medication (such as Pepto-Bismol) or allergy medication (such as Benadryl), we ask that you please print and complete the attached Medication Authorization Form and return it to our front office. This form will be kept on file in our health office, and we will still speak with you before our staff administer over-the-counter medication to your child. You **do not** need to have a physician sign the form for over-the-counter medication, as we have a standing doctor's signature on file at our school to dispense over-the-counter medication after (1) a written authorization form is signed by parent, and (2) a verbal authorization is given by a parent in person or by phone at the time of dispensing.

Thank you for your assistance regarding your child's healthcare.

Sincerely,

A handwritten signature in black ink that reads "Grant Beckwith". The signature is fluid and cursive.

Grant Beckwith
Principal



MEDICATION AUTHORIZATION FORM

Utah Law (53A-11-601) states the following:

School personnel may only administer medication to a student if:

1. The student's parent or legal guardian has provided a current **written and signed request** that medication be administered during regular school hours to the student; and
2. The student's physician, dentist, nurse practitioner, or physician assistant has provided a signed statement describing the method, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.

**THIS COMPLETED FORM MUST BE SUBMITTED TO THE SCHOOL IN ORDER FOR
MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL.**

The following medication is prescribed and may be taken at school as indicated below:

Student Name _____

Teacher Name _____ Grade _____

Medication _____

Method _____

Reason for Medication _____

Dosage _____ Time to be Given _____

Special Instructions _____

Physician's Name _____ Phone _____

Physician's Signature _____

(Physician's signature is only necessary for *prescription medication*; if parents are giving permission for *over-the-counter medication* to be administered at school, only the parent signature below is necessary)

I understand that prescription medication must be provided in the labeled prescription bottle with the correct child's name on it. If the medication is an over-the-counter drug, it must also be in the original container and must have the child's name written on the package. I understand that school personnel may contact the doctor regarding administration of this medication. I understand someone other than a licensed nurse who has been appointed to do so by the school administrator may administer this medication.

Signature of Parent or Guardian

Date