Sioux City Community Schools
believe... achieve... succeed

AUTHORIZATION FOR MEDICATION or PROCEDURE ADMINISTRATION

Student: _____ Birthdate: _____

School: _____ School Year: _____

Medication/Procedure, which cannot be managed at home, shall be administered at school when the following are on file at the school:

- Physician's signed and dated authorization which includes the: medication/procedure, dosage, route, and time to be given at school, dosage repeat, symptoms, and side effects.
- Parent/Guardian signed and dated authorization.
- Medication/equipment delivered to school in the original packaging.
- A prescription label must be attached to the medication container(s).
- Authorization orders must match the prescription label on the medication container(s).
- Annual renewal of authorization and immediate notification, in writing, of changes.
- Medication/Equipment will be kept in a secured area and shall be administered by qualified staff.

MEDICAL PROVIDER AUTHORIZATION SECTION (To be filled out by medical provider)

The above named student is under my medical supervision. I have prescribed the following:

_____

Name of Medication mg or Procedure **Dosage @ school** **Route**

_____

Time given @ school **Diagnosis & ICD-9 code (Must have for Medicaid)**

_____

Anticipated reactions/possible side effects

Physician Signature_____ Date_____

Phone_____ Fax _____

PARENT AUTHORIZATION SECTION

I request the above pupil be given the following while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable prudent person would under the same or similar circumstances.

_____

Name of Medication/mg or Procedure **Dosage @ school** **Time @ school** **Route**

Child's Physician_____

Parent Signature_____Date_____

Phone: Home_____Work_____ Cell_____

It is the policy of the Sioux City Community School District to not discriminate on the basis of race, color, creed, religion, sex, age, disability or marital status in its educational programs, activities and employment practices. Inquiries or grievances regarding compliance with Title II, Title IV, Title VII, Title IX and Section 504 of the Rehabilitation Act of 1973 may be directed to the director of educational equity, Ms. Marilyn Charging, Educational Equity Office, Education Service Center, Sioux City Community Schools, 1221 Pierce Street, Sioux City, IA 51105-1497, (712) 279-6075.