

Effective Date: _____

Authorization for Prescription Medication

Ideally, all medication should be given at home. Farber personnel are not trained health care professionals. Parents and guardians have the primary responsibility for administering their child's medication; however, Farber **may** cooperate with parents and guardians in administering prescription medication that is authorized by parents or guardians. Farber Hebrew Day School requires written authorization for a student to take prescription medication during the school day. This form must be completed and returned to Farber's front office before medication may be administered. This authorization form covers the prescription medication described below and is valid only for the current school year. All medications must be delivered to school by a parent, guardian or an adult designated by the parent/guardian; delivered in the original container with labeling which includes the name of the student, physician, medication and prescription. No expired medication will be accepted.

EpiPen/Inhalers: may be kept in the possession of the student if the parent/guardian and/or physician so indicated on this form. However, the parent/guardian is strongly encouraged to provide a second inhaler or EpiPen to be stored at Farber.

This section is to be completed by the student's parent or legal guardian.

Student Name: _____

Parent/Legal Guardian Name(s): _____

Date and time of first dose of medication: Date: _____ Time: _____

Emergency Contact #1: Phone: _____

Emergency Contact #2: Phone: _____

This section is to be completed by the student's physician.

Name of prescription medication: _____

Dosage: _____

For Period _____ to _____
(Date) (Date)

Reason for medication (diagnosis and anticipated effects): _____

Circumstances under which no medication is to be given: _____

Additional Comments: _____

Physician Signature: _____ Date: _____

Address: _____ Phone: _____

I give my permission and authorization for this medication to be administered as prescribed above and for doing so, I hereby release from liability and agree to indemnify any personnel or volunteers of Farber Hebrew Day School for any action or inactions associated with the administration of medication to the above student.

Parent/Legal Guardian Signature: _____

Phone Number: _____ Home: _____ Work: _____

Other Phone Numbers: _____

Discontinuation of Medication

At the time this medication is to be discontinued, the parent/guardian must sign and date this form and return to the school office. Please discontinue dispensing the medication described above for:

_____ as of _____
(Name) (Date)

Parent/Legal Guardian Signature: _____