Parental / Guardian Authorization

For
Dispensing Medication During the School Day

We the parent(s) or guardian(s) of _____
do authorize employees of Burwell Public Schools to dispense the medication(s) identified herein below to the above named child.

We the parent(s) or guardian(s) of the above named child agree to provide the medication(s) to be dispensed in a prescription container with a child guard cap. Said prescription container will be properly labeled, including the child's name, physician's name, the name of the medication, and directions for dispensing said medication.

We the parent(s) or guardian(s) of the above named child agree to consult the family physician as to and side effects of the medication being administered and to advise the school of said side effects and procedures to be followed should the side effects occur.

We the parent(s) or guardian(s) of the above named child agree that the authorization granted herein is limited to the medication(s) identified herein. It is further agreed that should additional medication(s) be prescribed, additional authorization will be required and will follow the terms and conditions of Burwell Public Schools.

It is further agreed that authorization to dispense the medication(s) identified herein is limited to the school year identified herein.

It is further agreed that the parent(s) or guardian(s) will notify the school in writing of the termination of the authorization to administer or dispense the medication(s) identified herein, and should modification in the dispensing or administering of medications occur, said modifications will be communicated by providing a new prescription container properly labeled, including the child's name, physician's name, the name of the medication, and the new directions for administering.

It is further agreed that the school cannot and will not honor verbal or written instructions from the parent(s) or guardian(s) to modify or alter the directions on the prescription container.

Medication(s) authorized to be dispensed by school employees:

_____

_____

_____

Authorization given this _____ day of _____, 20____ for the 2021-2022 school year.

_____ _____

Signature of parent or guardian Date