



Last Name:

Grad. Year:

Portage Northern High School Medication Authorization Form

The safety of all of our students is our top concern. **We request that, whenever possible, medication be administered outside of the school day and students are not in possession of or consume medications at school or school-related events.** We understand that this may not always be possible. In these cases, this authorization form must be completed and submitted to the school. **This form is required for any medication (prescription, non-prescription/over the counter, herbal remedy, vitamin, or nutritional supplement) that a student will use (or in the case of non-prescription medication, inhalers, or epipens, be in possession of) during school hours or at school events.** Students found in possession of or administering a medication or substance of any of the types listed above for which no authorization has been filed with the school will be subject to disciplinary action, up to expulsion, and the medication will be confiscated.

Student's Name:

Anticipated Graduation Year:

Name of medication:

Is this a prescription medication? Yes No

Dosage:

Regularly scheduled at the following time/s:

As needed for:

Emergency use only for:

Authorization is valid:

Until the following date:

Until rescinded by parent/guardian

Medication is to be kept:

In the Grade Office

In the student's possession (**non-prescription only**)

Special Instructions:

Doctor's name:

Doctor's phone number:

Parent/Guardian, Student, and School Administrator must complete the back of this form for authorization to be valid.

I understand that **students may NOT possess prescription medications** (except asthma inhalers and epipens.) Parents must bring the medications directly to the appropriate grade office.

Parent/Guardian Initials

Student Initials

I understand that **only non-prescription** medications, asthma inhalers, and epipens that are authorized on this form may be kept in the student's possession and must be secured at all times (e.g. locked in a car or locker or kept in a pocket).

Parent/Guardian Initials

Student Initials

I understand that self-administering non-prescription medications in a method or dosage not conforming to the prescription or manufacturer's recommendation will result in disciplinary action.

Parent/Guardian Initials

Student Initials

I understand that all medication must be kept in the original container and that prescription medications must be labeled with the student's name, dosage, doctor, pharmacy, date, and special instructions.

Parent/Guardian Initials

Student Initials

I understand that it is solely the student's responsibility to report to the office to take approved medications that are stored there. School staff is not responsible in any way to remind students to take medication.

Parent/Guardian Initials

Student Initials

I understand that transferring a prescription drug of any kind for any reason to any other student will result in expulsion.

Parent/Guardian Initials

Student Initials

I am authorizing the student listed on this form to possess and/or administer the medication listed as indicated. I understand that all prescription medications (except for asthma inhalers and epipens) must be stored and administered in the appropriate grade office. I understand the policies and procedures associated with medications at school. I understand that failure to follow these policies and procedures and /or failure to follow the specifics of this authorization will result in disciplinary procedures up to expulsion.

Parent/Guardian Signature

Date

Approved by Assistant Principal

Date

End of year pick up of unused Medications:

Parent Signature

Date