

**Greater Albany SD 8J  
Administrative Regulation**

Code: **JHCD-AR(2)**  
Adopted: 3/12/01  
Revised: 8/13/07; 6/22/09; 8/31/16  
Orig. Code(s): Form 517

**Authorization for Medication Administration by School Personnel**

To: \_\_\_\_\_ of \_\_\_\_\_  
(Principal) (School Name)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I am giving school personnel permission to administer medications to my student per the following:

Parent/Guardian<sup>1</sup> or Physician complete:

Medication: _____	<input type="checkbox"/> Nonprescription
Dose: _____	<input type="checkbox"/> Prescription Rx# _____
Frequency (how often): _____	<input type="checkbox"/> Please allow my child to self-administer this medication (refer to district policy on self medication)
<input type="checkbox"/> As needed <input type="checkbox"/> Mandatory Administration	<input type="checkbox"/> Please send this medication on all field trips.
Route: (circle one)	
By: Mouth    Ear    Eye    Nose    Skin	
Time: _____	
Duration: Start date _____ End date _____	
Reason for Medication:	
Special Instructions:	

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Parents/guardians are required to pick up all unused medication by the last date of school. All medication left at the school will be discarded.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*(This authorization applies only to the medication listed above and for the duration of treatment or school year). This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and /or my child's health provider.*

<sup>1</sup>As used in this document, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005(4) and 125.300 - 125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of those factors listed in ORS 419B.373. The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, an adult student to whom rights have transferred and foster parent as defined in OAR 581.015-0005(18).