

ANSER CHARTER SCHOOL - Medication Authorization Form

This form must be completed and signed by a parent or guardian for any Anser student who needs medication during the school day, field trips, or school-sponsored activities.

Medications cannot be given without this form on file.

Student Information

| | |
|---------------------|-------------|
| Student Name | Crew Leader |
| | |
| Date of Birth (DOB) | Allergies |

Parent / Guardian Information

Parent / Guardian #1

Name: _____

Phone: _____

Parent / Guardian #2

Name: _____

Phone: _____

Healthcare Provider Information

Physician / Healthcare Provider Name: _____

Phone: _____

Medication Information

| Medication Name | Dosage | Time / Frequency |
|-----------------|--------|------------------|
| | | |
| | | |
| | | |

Medication Administration Requirements

Initials

- _____ Designated Anser staff are not nurses or physicians but will consult with the School RN if needed.
- _____ All prescription oral medications must be in a labeled blister/bubble pack.
- _____ Inhalers and spacers must have prescription labels indicating dose amount, administration time, or as needed (PRN).
- _____ All medications will be administered according to the prescription label.
- _____ Adjustments require written authorization from the prescribing healthcare provider and a new doctor's order.

Authorization & Release

This form authorizes designated Anser Charter School staff to administer medications as directed. Anser Charter School cannot assume liability for administering medications in accordance with the label.

Parent / Guardian Signature: _____ Date: _____

Received and verified by: _____ Date: _____

PRN

Daily

Temporary (end date: _____)