



Bellevue Children's Academy

Authorization for Administration of Medication at School

I hereby authorize Bellevue Children's Academy to administer medication to the below-named student in accordance with the instructions below, for the period from _____ to _____ (not to exceed the current school year).

Student's Name: _____ Date of Birth: _____

Grade: _____ Homeroom Teacher: _____

Name of Medication:	Dosage:	Method of Administration:	Time of Day to be Taken:
_____	_____	_____	(cannot be "as needed")
_____	_____	_____	_____

Diagnosis or reason for taking the above-named medication: _____

Is student is capable of self-administration of medication? Yes No

Are there special storage requirements? Yes No If yes, please specify: _____

Possible side effects of medication and special instructions, if any: _____

Emergency procedure to be followed in case of serious side effects: _____

I understand that Bellevue Children's Academy will administer medication (either prescribed *or* over-the-counter) to my child *only* if said medication is accompanied by a **separate signed physician's note*** indicating the name of the **student; name of the medication; dosage; frequency of administration; and time frame for medication.**

I understand that it is my responsibility to administer medication to my child, and that I will not hold Bellevue Children's Academy responsible for failing to administer medication, or for administering it improperly.

I understand that students may not carry medication on their persons or store medication at Bellevue Children's Academy in lockers, cubbies, backpacks, etc. All medications (either prescribed *or* over-the-counter) must be kept at the front office.

Signature: _____ Date: _____
Parent or Legal Guardian

Phone number: (_____) _____

***Health Care Provider Consent**

A parent/guardian may provide the sole consent for a medication, (*without the consent of a health care provider*), if and only if the medication meets all of the following criteria:

- a. The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointment or lotion intended specifically to relieve itching or dry skin
 - Diaper ointment or non-talc powder intended for use in diaper area (valid up to 6 months)
 - Sunscreen for children over 6 months of age (valid up to 6 months)
 - Hand sanitizers for children over 12 months of age and
- b. The medication has instructions and dosage recommendations for the child's age and weight; and
- c. The medication duration, dosage, amount, and frequency specified on consent form is consistent with label directions and does not exceed label recommendations.

The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral re-hydration solutions, fluoride, herbal remedies, and teething gels and tablets).