

If you have indicated your child will require medication at school/camp. Please have your physician complete this document and return it with your child's medication.

AUTHORIZATION TO ADMINISTER MEDICATION

In order for the Lindgren school staff to administer any medication to your child, including over the counter medication, **both the child's physician and the parent's signatures are required** on the form below. All medications should be sent to school in the original packaging with the prescription label attached if applicable. Please make note of any expiration dates and replenish as needed.

Name of child:

Name of Medication:

Purpose of the drug/ Diagnosis:

Dosage:

Medication to be kept at school _____ sent home daily _____

Frequency given, length of time to be administered and directions:

I authorize Lindgren School personnel to administer the above medication as prescribed. I understand that by signing below, the School staff who administers medication to my child, in accordance with the physician's instructions, shall not be held liable for damages as a result of adverse drug reactions or any other injury suffered by my child.

Signature of Parent _____ Date _____

Signature of MD _____ Date _____

Doctor's Stamp

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

Parent/Guardian's Name _____

Telephone No. _____

Special equipment / medical supplies needed.

Emergency Care:

Call parents if the following symptoms are present:

Call 911 if the following symptoms are present as well as contacting the parents:

Take these measures while waiting for parents or medical help to arrive:

Parental Notes (Optional)
