

**Magnet Cove School District
Office of School Nurse/Medicaid Billing
Shawn GoodKnight, LPN
Phone: 501-332-5468 Ext: 305
Fax: 501-229-1555**

Medication Authorization for Medication at School 2021-2022 School year

Student's Name: _____ **DOB** _____

Diagnosis: _____

1. Medication/Dosage _____

Time to be administered _____

Side Effects of Medication _____

2. Medication/Dosage _____

Time to be administered _____

Side Effects of Medication _____

Parental Permission: I hereby request my child receive medication during school hours per the physician's order on the RX and the Magnet Cove School District's Policy. I will not hold MCSD responsible for complications related to the medication. Permission to administer medications expires at the end of the school year. I also acknowledge it is my responsibility to refill RX in a timely manner to ensure my child does not run out of medication at school. The nurse will try to make reminder calls to you, but it is ultimately your responsibility to keep up with this.

REMINDER: STUDENTS MAY NOT BRING MEDICATION TO SCHOOL. AN ADULT MUST DROP OFF STUDENT MEDICATION OF ANY TYPE. THIS WILL BE STRICTLY ENFORCED THIS SCHOOL YEAR. PLEASE BRING ALL MIDDLE SCHOOL AND HIGH SCHOOL MEDICATION TO NURSE SHAWN IN THE MIDDLE SCHOOL. PLEASE DO NOT DROP OFF WITH SECRETARY UNLESS NURSE SHAWN IS OUT. Call her directly at 332-5468 ext: 305 to schedule a time to drop them off.

Parent/Guardian Signature _____ **Date** _____

