

Medication Authorization Requirement

1. Your child has a special health concern, which requires medications to be kept at school for their use. It is school policy that we have authorization by the physician and parents to administer those medications to your child. Attached you will find the SFS Medication Authorization Form to be completed by the physician and parents and returned to the Health Office with medications.
2. Doctor's authorization is required for student(s) to self-carry medication such as inhaler or Epi-pen.
3. Reminder: Parent must submit a medical authorization form and medications by the first day of school.

No child will be given any medications without the clear orders written by the physician and permission provided by the parents.

Seoul Foreign School Medication Authorization Form

Parents/guardians asking school staff to give medication(s) to their child must provide a written permission every school year that has been signed by the parent/guardian and the child's health care provider.

Student's name: Last _____ First _____ Student ID: _____

Birth Date: _____ Division: ES _____ BS _____ MS _____ HS _____ Grade: _____

PHYSICIAN ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL:

Medical Condition(s): _____

Medication(s): _____

Dose: _____ Time to be given: _____ Route: _____

Possible side effects: _____

Start date: _____ Stop date: _____ To be refrigerated: Yes / No

PHYSICIAN SIGNATURE _____ Date _____

Clinic Name _____ Phone Number _____

PLEASE NOTE: ALL AUTHORIZATIONS EXPIRE AT THE END OF THE SCHOOL YEAR.

Parent/ Guardian Authorization

I request that the above medication(s) be given during school hours as ordered by my child's physician.

I also request the medication(s) be given on the field trips, as prescribed.

I will notify the school of any change in the medication(s). (i.e. dosage change, etc.)

I give permission for the medications to be given by the school personnel as delegated, trained, and supervised by the school nurse.

I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the treatment prescribed.

I give permission to SFS to release appropriate medical information to the hospital in case of emergency.

Parent/Guardian Signature _____ Date _____