

**TRENTON MIDDLE SCHOOL
HEALTHCARE AUTHORIZATION – ONE PER CHILD**

Student Name: _____

My son/daughter is *currently* taking the following **medications** (to be completed if not in violation of confidentiality)

Please list any **medical conditions/issues** we need to be aware of:

My son/daughter has the following **food/drug/insect** allergies: What type of reaction?

Note*all medications must be brought in by the parent and have a separate authorization form signed.

Does your child have: HMO/Managed care insurance _____ Private Insurance _____
School Insurance _____ Medicaid/MC+ _____ No insurance _____ Unknown _____

Does your child have **nosebleeds** often? Yes _____ No _____

Does your child wear **vision correction**? Yes _____ No _____ Have they at any time? Yes _____ No _____

I am requesting that the school nurse or designated school personnel administer the prescription medication as well as over-the-counter medication that I will supply from home. I understand that this permission releases the Trenton R-9 schools from liability and that I must sign a separate permission form for each medication brought in.

Yes _____ No _____

I give permission for my son/daughter to self-administer asthma medication if the school nurse determines it is safe and appropriate and I provide a Doctors note that states: "The student may carry inhaler at school."

Yes _____ No _____

I give permission to the school nurse to share information relevant to the prescribed medication administered as the nurse determines appropriate for my son/daughters health and safety.

Yes _____ No _____

***I understand that carrying any medication in school** (other than an inhaler with proper authorization) **is a violation of school policy and disciplinary action could be taken**. I understand that I may cancel this request any time and/or pick up the medication from school any time. I understand the medication will be destroyed if it is not picked up within one week following termination of the order or before school is dismissed on the last day.

I have read and understand the above information **AND** the policies in the student planners.

Parent/Guardian Signature

Date