

Does your child have any medical or special needs (i.e. allergies, asthma, learning disability or medical conditions)?

Yes       No

If Yes, please specify:

SCHOOL HEALTH SERVICES ARE NOT AVAILABLE DURING BEFORE OR AFTER SCHOOL PROGRAMS. Parents/guardians are responsible for notifying the before/after school site Coordinator of any special needs or medical conditions that impact their child's health, well-being, or involvement in activities. If your child may need to receive either prescribed or over-the-counter medication while attending before/after school programming, you must complete this authorization form before any medication can be dispensed. Medication must be in its original packaging or prescription bottle. All medication will be securely stored on-site.

**Before/after school Medication & Treatment Authorization (if applicable)**

- I authorize the Health Services staff to give access to the medication on hand in the health office to the before/after school site coordinator for use as needed.
- I authorize the Health Services staff to give a copy of the current medication/treatment orders to the site coordinator and share any relevant health information.
- I authorize the site coordinator to administer this medication/treatment during programming according to the healthcare provider's specified orders. I understand that it is my responsibility to provide the coordinator with any necessary training needed to safely administer this medication/treatment.
- If the site coordinator has any questions or concerns, he/she may reach me at: \_\_\_\_\_ and I understand that for emergency situations, 911 will be called.

*\*Please note, final decision on authorization will be determined by health office staff*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student