



**HEALTH SERVICES**  
**Linda Roscoe-Perkovac, RN**  
**Director**

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**SUPERINTENDENT**

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**Medication Permit**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

Time(s) to be given \_\_\_\_\_ as prescribed by \_\_\_\_\_ For \_\_\_\_\_

Daily \_\_\_\_\_ or As Needed \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

I authorize the School Nurse, Health Aid, Health Assistant, (may include substitute) or principal designee to give the above medicine.

I authorize persons designated for field trips AMPHI employee or principal's designee to be my agent to give the above medication to my child.

X \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I give permission to my child to self-carry/administer the above medication.

X \_\_\_\_\_  
**Physician's Signature – for self-carry/administration or injections**  
(exceptions - diabetic, anaphylaxis, asthma supplies/medications)

\_\_\_\_\_  
**Date**

I give the School Nurse permission to discuss my child's medication with the above named Physician.

X \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Parent Instructions & Statement of Understanding**

1. The medication is to be furnished by parent or legal guardian and is to be labeled in the original prescription bottle, with the student's name, name of medication, dosage (amount given), time of day to be given, and name of Physician.
2. The School Nurse must be notified by the primary care provider of any changes in medication, dose or time to be given.
3. In absence of the School Nurse, a District employee who has been designated by the parents as their agent (see above) may administer the medicine. This agent is performing a ministerial function only. Under no circumstances may non-nurse personnel administer a medication to a student if nursing judgment is required for proper administration. (see Amphi Board Policy JLCD)
4. The parent agrees to provide an extra properly labeled prescription bottle when needed for field trips. If an extra prescription bottle is not provided, health office staff will send the school bottle with its entire contents unless other arrangements are made.
5. End of the year medications will be discarded if not picked up.

I affirm the information I provided on this form is accurate with this digital signature.

X \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Amphitheater High School • Canyon del Oro High School • Ironwood Ridge High School  
Amphitheater Middle School • Coronado K-8 School • Cross Middle School • La Cima Middle School • Wilson K-8 School  
Copper Creek Elementary • Donaldson Elementary • Harelson Elementary • Holaway Elementary • Innovation Academy • Keeling Elementary  
Mesa Verde Elementary • Nash Elementary • Painted Sky Elementary • Prince Elementary • Rio Vista Elementary • Walker Elementary • Rillito Center • Amphi Academy Online

Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by the Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, [TitleIXCoordinator@amphi.com](mailto:TitleIXCoordinator@amphi.com), or the Executive Director of Student Services, (520) 696-5230, [studentservices@amphi.com](mailto:studentservices@amphi.com). 1.11.24