

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

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*THIS PORTION TO BE COMPLETED BY PHYSICIAN/DENTIST*

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>METHOD OF ADMINISTRATION</u>	<u>TIME OF DAY TO BE TAKEN</u>
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Diagnosis \_\_\_\_\_

Reason for medication to be given during school hours \_\_\_\_\_

If given PRN, specify the length of time between doses. *Indicate if student must carry inhaler on his/her person.*

Anticipated action \_\_\_\_\_

Possible side effects of medication \_\_\_\_\_

Emergency procedure in case of serious side effects \_\_\_\_\_

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated above from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) (*not to exceed current school year*) as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may be administered by medically untrained school personnel.

Physician's/Dentist's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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*THIS PORTION OF THE FORM IS TO BE COMPLETED BY PARENT/GUARDIAN.*

I certify that I am the parent, legal guardian, or other person in legal control of the above-identified student and request and authorize the school to administer the above-identified medication to the above-identified student in accordance with the prescription or doctor's instructions from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) (*not to exceed current school year*). I also understand that the School Nurse may contact the prescriber regarding questions related to this medication.

**Medication must be supplied to the school in the original container.**

Parent's/Guardian's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

( ) / ( )  
Phone Number: Home/Work (please include area code)

White copy: Keep with medication  
Yellow copy: Student's Health File