AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name: _____ **Birthdate:**_____ **School:**_____ **Gr:**____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/HEALTH CARE PROVIDER

Name of Medication	Dosage	Method of Administration	Time of Day to Be Taken

If given "prn" specify the length of time between doses: _____

Diagnosis and reason for medication to be given during school hours: _____

Anticipated action: _____

Possible side effects of medication: _____

Emergency Procedure in case of serious side effects: _____

Student may carry and/or self-administer this medication during school hours: _____Yes _____ No

ANY ELEMENTARY STUDENT WHO NEEDS TO CARRY AND/OR SELF-ADMINISTER MEDICATION MUST HAVE AN EXCEPTION FORM ON FILE

I request and authorize the school to administer the above identified medication to the identified student in accordance with the instructions indicated above from _____ to _____ (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, including emergency situations. Such medication may be administered by medically untrained school personnel.

PLEASE NOTE

If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

Health Care Provider Signature: _____ Date:_____

Name: _____ Telephone: _____
(Print or Type)

Address: _____

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student. I request and authorize the school to administer the above identified medication to the above identified student in accordance with the health care provider instructions indicated above.

MEDICATION WILL BE SUPPLIED TO THE SCHOOL IN THE PROPERLY LABELED ORIGINAL CONTAINER.

I give the health care provider permission to FAX this form to the school nurse: Yes ❑ No ❑

Parent/Guardian Signature: _____ Date:_____

Telephone: _____ _____
(Home) (Work)

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