

**PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF  
MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES**

**A. To be completed by the parent or guardian:**

I request that my child \_\_\_\_\_ Grade \_\_\_\_\_ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy\*. I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

Signature (parent or guardian) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Number \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by physician:**

I request that my patient, as listed below, receive the following medication:

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: \_\_\_\_\_

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- Medication must be in original pharmacy labeled container with specific orders and name of medication.
- Medication and refills must be brought to school by parent, guardian or responsible adult.

**NOTE: IF STUDENT IS TO CARRY HIS/HER MEDICATION (ONLY EPI-PENS AND RESCUE INHALERS ARE APPROVED FOR SELF-MEDICATION) PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.**

**SELF MEDICATION RELEASE FORM**

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

**Child's Name:** \_\_\_\_\_

**has been instructed in the proper use of the following medication procedures:**

\_\_\_\_\_

**We, (physician's signature)** \_\_\_\_\_

**and (parent or guardian's signature)** \_\_\_\_\_

**request that (child's name) \_\_\_\_\_ be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.**

**NOTE: This form must be completed in addition to routine district medication form for those students who request permission to carry their own medication on campus or keep this medication in a P.E. locker.**