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.

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.