Authorization for Administration of Medication by School Personnel

Physician/Provider Order Date________________________________

Name of Student ____ Grade_______________

Address____ DOB_______________________________

Condition for which the drug is needed to be administered during school hours

Drug (dose, quantity, frequency, route)

Time(s) of administration_________________________________ or _____ at lunch

Medication shall be administered from ________________ today to: _____ end of school

________________ start date ______________ end date

Side effects to look for ____

If there are side effects, plan for management ____

For inhaler or insulin: Is the child sufficiently responsible to permit unsupervised self-administration of medication?
_____ Yes _____ No

May child omit this medication during a field trip? _____ Yes _____ No

Medical Provider: ___________________________ ____________________________________
Name (print) **Signature**

____ ____________________________________
Address of Provider **Phone**

____
Fax

Authorization by Parent/Guardian for the administration of the above medication by school personnel:

TO SCHOOL PERSONNEL:
I give permission for exchange of verbal and written communication between the physician and the school regarding my child's medication regime. I request that my child ____ be assisted in taking the medication described above at school as ordered by his/her medical provider. I understand that I must supply the school with prescribed medication in the original container, dispensed and properly labeled by a physician or pharmacist, and will provide no more than a 30 day supply. I understand that this medication will be destroyed if it is not picked up within one week following the termination of this order or one week beyond the close of school.
I understand that the school official may not be held liable for reactions if medication is administered per these directions and at request of appropriate guardian.

Name(Print) ____
Signature ____
Relationship to Child ____
Date _________________________________
Phone _______________________________