LONG TERM MEDICATION AUTHORIZATION FORM 2021-2022

Student Name: ____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER

Name of medication:____

Reason for medication:____

Form of medication/treatment:

☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other

Instructions (schedule and dose to be given at school):

____

____

Start: ☐ Date form received ☐ Other, as specified:________________________

Stop: ☐ End of school year ☐ Other date/duration:_______________________

☐ For episodic/emergency events only

Restrictions and/or important side effects: ☐ No restrictions

☐ Yes. Please describe: ____

Special storage requirements: ☐ None ☐ Refrigerate

Other:____

◊◊◊For Self-Administration ONLY ◊◊◊For Self-Administration ONLY ◊◊◊For Self-Administration ONLY

Pursuant to KRS 158.832 to KRS 158.836 _______________school permits a student to possess and self-administer asthma or anaphylaxis medication at school and at school-related functions up on completion of the following information by the parent/ guardian and the student's physician and waiver of liability by the parent/guardian.

This student has been instructed on self-administration of this medication: to be completed for asthmatic, diabetic or severe allergic reaction (anaphylaxis) ONLY

☐ No ☐ Supervision required ☐ Supervision not required

This student may carry this medication: ☐ No ☐Yes

Please indicate if you have provided additional information:
☐ on the backside of this form ☐ as an attachment

Physician's Signature __________________________________ Physician's Name_____________________

Date_____________________Phone_____________________Address_____________________________

I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against Mercy Academy and its officers, agents, employees, representatives or volunteers arising out of, or in connection with the distribution of my daughter's medication as directed by his doctor's or my instructions.

____ ________________________________

Parent/Guardian Signature **Date**