STUDENTS 7101.1

MEDICATION AUTHORIZATION FORM

To be completed by the students Licensed Healthcare Provider

Student Name:	**DOB:**
Diagnosis:	
Medication Prescribed:	
Dosage:	
Time:	
Duration: (All authorizations expire at the end of the school year)	

Licensed Prescriber – PLEASE CHECK ONE AND SIGN

☐ Child may self-administer with adult assistance.

☐ Non self-directed. Cannot self-administer.

☐ In my professional opinion this student should be allowed to carry and use the above medication himself/herself. **I attest that this student has demonstrated to me** that he or she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with: (please check one)

- ☐ _____ Allergy and requires Epinephrine Auto-injector
- ☐ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- ☐ _____which requires rapid administration of_____
  (Medical Condition) **(Medication)**

Licensed Prescriber's signature:_____**Date:**_____

Parent/Guardian –PLEASE SIGN

I request that my child _____, be permitted to carry his/her medication OR receive assistance if not self directed as his/her Licensed Prescriber has checked above. He/she has been instructed in and understands the purpose, appropriate method, frequency and use of the medications. It is understood that if there is irresponsible behavior or a safety risk, this privilege will be rescinded. Also, it is the responsibility of the parent to make sure the student has the medication available. Medication is to be furnished in a properly labeled original container from the pharmacy.

Parent/Guardian's signature _____ **Date:** _____

Approved by the Superintendent: 11/06/12, 05/22/13, 11/25/14, 06/09/17, 04/25/19*