



Authorization for Administration of Medication at School

Parents/guardians asking school staff to give medications to their student must provide written permission every school year. Prescription medication requires written authorization of both the student's physician/licensed prescriber and the parent/guardian every school year.

Student _____ Birth Date _____ Grade /Rm _____

School _____ School Year _____ Teacher _____

Table with 6 columns: Condition, Medication, Dose, Time, Route, Possible Side Effects. Rows 1, 2, 3.

Other consideration/directions: _____

Start date: _____ Stop date: _____ (All authorizations expire at the end of the school year or following the summer school session.)

Signature of Physician/Licensed Prescriber _____ Print name of Physician/Licensed Prescriber _____ Date _____

Clinic Name _____ Phone _____ Fax _____

Parent /Guardian Authorization

- 1. I request the above medication(s) be given during school hours... 2. I will notify the school of any change in the medication(s)... 3. I give permission for the school nurse to communicate... 4. I give permission for the school nurse to consult with the student's physician... 5. I give permission for the medication(s) to be given by school personnel...

Note: Medication must be supplied in the original/ prescription bottle

Parent/Guardian Signature _____ Relationship to student _____ Date _____ Daytime Phone _____

Return to Health Office

Student Name _____ School yr. _____ Medication _____

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18	Aug
19	19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30	30	30
	31	31	31	31	31	31	31	31	31	31

Medication Given By:

Signature / Initials

Controlled Substance Count:

Date	Initials	# Rec.	# Sent	Date	Initials	# Rec.	# Sent

Abbreviations:

A = Absent
 AW = Accidentally Wasted
 FT = Field Trip
 H = Hold

NG = Not Given
 NMA = No Medication Available
 PG = Parent Gave Medication

Inhaler brought in:

Date/Initials: _____

Circle one: New/Unused or Partially used