

**LONG TERM MEDICATION AUTHORIZATION FORM**

Student Name: \_\_\_\_\_ School Term/Year: \_\_\_\_\_

**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**