Form 3416 (a)

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: ______________________________ Birth Date: ____________________

School: ______________________________ Grade: ____________________

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST

Diagnosis: ____

Name of Medication	Dosage	Methods of Administration	Time of Day to be Taken

If given PRN, specify the length of time between doses.

Student is capable to self-administer medication: ☐ Yes ☐No

If a health professional and a student's parent request that a student be permitted to carry his or her own medication and/or be permitted to self-administer the medication, the principal may grant permission after consulting with the school nurse

Possible side effect of medication: ____

Emergency procedure in case of serious side effects: ______________________________

I request and authorize that the above-named student be administered the above-identified oral medication in accordance with the instructions indicated above from ____________________ to ____________________ (do not exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

______________________________ ______________________________
Physician/Dentist Signature Date

______________________________ ______________________________
Physician/Dentist (Print or Type) Telephone Number

Please Note: If samples of medication are to be given, they must be labeled with the name of the student, dosage and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period from ____________________ to ____________________ (not to exceed the current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to self-administer medication: ☐ Yes ☐ No

______________________________ ______________________________
Parent/Guardian Signature Date

______________________________ ______________________________
Home Telephone Number Work Telephone Number