

PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

School District: _____ School: _____ FAX: _____

Student: _____ Birth Date: _____ Grade: _____

Parent Section <i>Seccion des Padres</i>	<p>I request that the school nurse, or designated staff member, administer the medication prescribed below, in accordance with HCP instructions and give permission for the medication and care plan information to be shared with school staff on a "need to know" basis. The school nurse may contact the healthcare provider to discuss/clarify this order as needed.</p> <p><i>Yo pido que la enfermera o personal designado, le adminstre el medicamento recetado de acuerdo con las instrucciones del medico y entiendo que cualquier informacion de este formulario sera comunicada al personal escolar que necesite estar informado. La enfermera escolar puede comunicarse el profesional de la salud para discutir /aclarar este orden, según sea necesario.</i></p> <p>I give permission for my child to carry this medication. Yes/si No <i>Doy permiso para que mi estudiante pueda cargar su medicamento.</i></p> <p>I give permission for my child to self-administer this medication. Yes/si No <i>Doy permiso para que mi estudiante pueda administrarse su propio medicamento</i></p> <p>I give permission for the nurse to initiate a 504 Plan. Yes/si No <i>Yo doy permiso para la enfermera de iniciar un plan 504</i></p> <p style="text-align: center;">_____/_____/_____</p> <p>Signature/Firma Date/Fecha Phone #1 Numeros de telefonos Phone #2</p>
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-----LICENSED Health Care Provider to complete Section Below-----

Diagnosis for which medication is to be given during school hours: _____

Signs or symptoms for which medication should be administered: _____

Name of medication (1 per form):	Dosage:	Method of administration:	Time of day to be given:
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If given prn, specify length of time between doses: _____

Other directions for use: _____

Possible side effects: _____ Emergency Action: _____ or 911

When the parent requests may we give the morning dose of the above medication when forgotten at home? Yes / No

Duration of Order (must choose one)

- Medication is ordered for duration of current school year (which may include summer school)
- Medication to be given from ____ / ____ / ____ to ____ / ____ / ____.

May this student carry his/her medication? YES NO
 Is this student trained/can self administer his/her own medication? YES* NO

**If YES, this student has received instruction in the correct and responsible way to use the medication*

HCP Signature	Date
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