

Medication/Treatment Authorization Form

Health Services

Grade: _____

School Year: _____

Student: _____ DOB: _____ Allergies: _____

***Medications and treatments prescribed by a health care provider require both a health care provider and parent signature.**

***Over-the-counter medications require a parent signature.**

***All medications must be supplied in the original packaging or prescription container.**

Medication Required During School Hours						
Medical Condition	ICD-10-CM code	Medication	Dose	Time	Route	Possible Side Effects
1.						
2.						
3.						

Treatments/Procedures Required During School Hours				
Medical Condition	ICD-10-CM code	Treatment/Procedure	Time/Frequency	Special Instruction
1.				
2.				

- ☐ **Student** may self-carry/self-administer their inhaler.
- ☐ **Student** may self-carry/self-administer their Epi-Pen injector.
- ☐ Medications should be sent along with school personnel on field trips.

Health Care Provider Signature

Health Care Provider Printed Name

Date

Clinic

Phone

Fax

Parent/Guardian Authorization

- I request that the above medication(s)/treatment(s) be given during school hours.
- I will provide the required documentation from a licensed prescriber following the district medication policy and procedures.
- I give my permission for the medication(s)/treatment(s) to be given by school personnel as delegated, trained, and supervised by a Licensed School Nurse. I understand that a nurse may not necessarily give medication(s) or treatment(s).
- I will notify the school of any change in the medication(s)/treatment(s).
- This consent may be revoked at any time by giving written or verbal notice to the school health office.
- I give permission for the Licensed School Nurse to consult with my child's physician about any questions regarding the listed medication(s)/treatment(s) or medical condition(s) being treated.
- I release school personnel from liability in the event adverse reactions result from taking the medication.

Parent/Guardian Signature

Relationship to Student

Date

Building Nurse Signature

Date