



Authorization for Medication Administration by School Personnel

Right Student	Student's Name:	Date of Birth:
Right Medication	Name of Medication:	
Right Dose	Dose of Medication [in milligram or units, for example, not "1 pill"] (How much):	
Right Reason	Reason for Medication (why is medication needed):	
Right Route	Route of Medication: <input type="checkbox"/> Oral (by mouth) <input type="checkbox"/> Cutaneous (skin) <input type="checkbox"/> Inhaled <input type="checkbox"/> Otic (ears) <input type="checkbox"/> Ocular (eyes) <input type="checkbox"/> Nasal (nose) <input type="checkbox"/> Sublingual (under the tongue) <input type="checkbox"/> Buccal (in the cheek) <input type="checkbox"/> Transdermal (patch)	
	Separate Authorization for Associated Procedures: <input type="checkbox"/> Nebulized <input type="checkbox"/> Rectal <input type="checkbox"/> Injectable	
Right Time	Daily Medication - time to be given:	
	Frequency of Medication (how often):	Duration of Medication (how long):
	<input type="checkbox"/> As needed Medication "PRN": (conditions under which medication should be administered):	
Prescription	Consistent with: <input type="checkbox"/> Pharmacy Prescription Label <input type="checkbox"/> Health care provider's written order	
Non-prescription	Consistent with: <input type="checkbox"/> Commercially Prepared Medication Label	
Self-Medication	<input type="checkbox"/> Please allow my student to carry and/or self-administer this medication (Complete the <i>Student Self-Medication Agreement</i> on the back of this form)	
Authorization	<i>I hereby grant my permission to the school district and designated, trained employees to administer the above medication to my child during the school day and during school sponsored activities. I understand it is my responsibility to refill the medication, and to provide the school with a new signed medication authorization and written update of any medication changes before any updates can go into effect.</i>	
	Parent/Guardian Signature:	Date:
School Staff (Initial)	_____ Form completed/correct _____ Medication received as required _____ Inventory _____ Medication Administration Record _____ Referral to RN	

Medication administered at school must be necessary for the student to remain in school, and may only be administered exactly as prescribed or as designated on the commercial container [OAR 581-021-0037]. Written parent/guardian authorization is a requirement for medication administration in the school setting. Unexpired medication must be brought to school by the parent/guardian, in the original container, with an intact prescription or commercial label. The parent/guardian must pick the medication up at the end of the school year, or it will be disposed of after the last day of school.