



Authorization for Administration of Medication at School

Parents/guardians asking school staff to give medications to their student must provide written permission every school year.

Prescription medication requires written authorization of both the student's physician/licensed prescriber and the parent/guardian every school year.

Condition	Medication	Dose	Time	Route	Possible Side Effects
1.					
2.					
3.					

Other consideration/directions: _____

Start date: _____ Stop date: _____

All authorizations expire at the end of the school year or following the summer school session.

Signature of Physician/Licensed Prescriber Print Name of Physician/Licensed Prescriber Date

Clinic Name _____ Phone _____ Fax _____

Parent/Guardian Authorization

- I request the above medication(s) be given during school hours, including field trips, as directed by parent/guardian and/or my student's physician/licensed prescriber.
- I will notify the school of any change in the medication(s), i.e. change in dose, medication is stopped, etc.
- I give permission for the school nurse to communicate as needed with school staff about the student's health condition and the action of the medication(s).
- I give permission for the school nurse to consult with the student's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by the medication(s).
- I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the licensed school nurse.
- I request that the medication be given during SLP non-school hours/days programming (ie. Kids Place/Enrichment Programs). I am responsible for training the staff and supplying medication. I understand the school nurse is not available during this time. Yes No

Note: Medication must be supplied in the original/prescription bottle

Parent/Guardian Signature Relationship to Student Date Daytime Phone

Return to Health Office

Health Office Staff Use Only:

Med. Expiration date _____

Medication in Health Office

Documented in Health Record

Student Name: _____ School Year: _____

Medication: _____

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30	30
	31	31	31	31	31	31	31	31	31

Aug

Medication Given By:

Controlled Substance Count:

Signature/Initials

Date	Initials	# Rec.	# Sent	Date	Initials	# Rec.	# Sent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Abbreviations:

- A= Absent
- AW= Accidentally Wasted
- FT= Field Trip
- H= Hold
- NG= Not Given

- NMA= No Medication Available
- PG = Parent Gave Medication

Inhaler brought in:

Date/Initials: _____

Circle one: New/Used or Partially Used