PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

To be completed by parent or guardian:

I request that my child_____grade_____, receive the medication as
prescribed below by our licensed health care provider. The medication is to be furnished by me in the properly
labeled original container from the pharmacy.

Signature (Parent or
Guardian):_____Date_____

Address:_____
__

Telephone: Home_____Cell_____Work_____

To be completed by the licensed health care provider:

I request that my patient, as listed below, receive the following medication:

Name of Student:_____Date of Birth_____

Name of Medication:_____Diagnosis_____

Prescribed Dosage_____Frequency_____Route of Administration_____

Time to be Taken During School Hours_____Duration of Treatment_____

Possible Side Effects and Adverse Reactions (if any):_____

Other Recommendations:_____

Name of Licensed Prescriber and Title (please print):_____

Prescriber's Signature:_____Date:_____

Address:_____ Stamp (Required):

_____

Phone: _____

Note: SELF MEDICATION RELEASE FORM ON BACK

Self-Medication Release Form

Date: _____

Student Name: _____

Name of Medication: _____

- The above named student has been instructed in the proper use of the above listed medication and is permitted to carry the medication on his/her person or to keep same in his/her locker.
- He/she has been instructed in and understands the purpose and appropriate method and frequency of use.
- If this medication is for asthma, this student is cleared to participate in all activities (physical education and interscholastic sports).
- We understand that this form must be completed in addition to the routine district medication form (on the other side) for those students who request permission to carry their own Medication.

_____ _____

Physician Signature Date Parent/Guardian Signature Date

_____ _____

Physician Printed Name Parent/Guardian Printed Name

_____

Stamp (required)

*Only one medication to be listed on each form. Additional forms available in the Health Office or on the district website.