

Authorization for Administration of Medication by School Personnel

PHYSICIAN/PROVIDER ORDER

Date: _____

Name of Student: _____ Grade: _____

Address: _____ D.O.B. _____

Condition for which the drug is needed to be administered during school hours:

Drug (dose, quantity, frequency, route): _____

Time(s) of administration: _____ or _____ at lunch

Medication shall be administered from: start date: _____ end date: _____

Side effects to look for: _____

If there are side effects, plan for management: _____

For inhalers or insulin: Is the child sufficiently responsible to permit unsupervised self-administration of medication? Yes _____ No _____

May the child omit this medication during a field trip? Yes _____ No _____

Medical Provider: _____
Name (print) Signature of Medical Provider

Address Phone

Authorization by Parent/Guardian for the administration of the above medication by school personnel:

To School Personnel:

I request that the above medication, ordered by his/her medical provider for my child, _____ be administered by school personnel. I give permission for exchange of verbal and written communication between the physician and the school regarding my child's medication regime. I request that my child be assisted in taking the medicine described below at school by authorized persons or permitted to medicate herself/himself as also authorized by me and my physician. I understand that I must supply the school with prescribed medication in the **original container** dispensed and properly labeled by a physician or pharmacist and will provide no more than a 30 day school supply. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or a week beyond the close of school. I understand that school officials may not be held liable for reactions if medication is administered per these directions and at request of appropriate guardian.

Name (print): _____

Signature: _____ Relationship to child: _____

Phone: _____ Date: _____