

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY PHYSICIAN/DENTIST/PROVIDER**

Name of Medication                      Dosage                      Route                      Time of Day

\_\_\_\_\_

If given prn specify the length of time between doses \_\_\_\_\_

Inhalers: \_\_\_\_\_

*Indicate if student must carry on his/her person*

Student is capable of self-administration of medication      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Possible side effects of medication \_\_\_\_\_

It is safe for unlicensed staff to provide this student this medication      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Emergency procedure in case of serous side effects \_\_\_\_\_

*I request and authorize that the above-named student be administered/provided the above-identified medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.*

\_\_\_\_\_  
*Date of Signature*

\_\_\_\_\_  
*Physician/Dentist/Provider Signature*

\_\_\_\_\_  
*Telephone Number*

Name: \_\_\_\_\_  
*(Print or Type)*

**Please Note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, route, and time to be given**

**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

*I request/authorize the school to give medication to my student in accordance with the health care provider's instructions written above. I understand that unlicensed staff may be assigned to provide medication to my student, and I accept ultimate responsibility for monitoring the effects of this medication.*

Permission to carry inhaler      \_\_\_ Yes      \_\_\_ No      Permission to self-administer medication      \_\_\_ Yes      \_\_\_ No

\_\_\_\_\_  
*Date*                      *Parent/Guardian Caretaker Signature*                      Phone #      \_\_\_\_\_  
*Home*                      *Work*