



Permission to Administer Medication

VALID FOR ONE SCHOOL YEAR ONLY

Prescription and/or non-prescription medication that must be taken by students at school requires a written request form from the parent/legal guardian together with written set of instructions and signature from the physician who has ordered the medication. The child's name, doctor's name, name of the medication, dosage, route, frequency or time of administration, expected duration of medication regimen, possible side effects and special instructions, shall be clearly listed by the doctor on this form. Signatures are required from both the parent/legal guardian and physician. Medication must be in the original container and labeled with the child's name, doctor's name, name of the medication, dosage, route, and frequency or time of administration. Medication must be delivered to the school by the parent/legal guardian, and counted with school personnel. Please give the initial dose of any new non-emergency medication at home; monitor for side-effects.

Student Name: _____ Date: _____ Grade: _____

Student Emergency Contact #1: _____ Phone Number: _____

Student Emergency Contact #2: _____ Phone Number: _____

Name of Attending Physician(s): _____ Physician Address: _____

Physician Telephone: _____ Fax: _____

MEDICATION INFORMATION (*THIS SECTION SHOULD BE COMPLETED BY THE PRESCRIBING HEALTHCARE PROVIDER)

- 1) Medication Name: _____ Dose: _____ Route: _____ Time of Admin: _____
 Start Date: _____ (*Valid for one school year ONLY*)
 Reason for Medication: _____ Adverse Reactions or Side Effects: _____
- 2) Medication Name: _____ Dose: _____ Route: _____ Time of Admin: _____
 Start Date: _____ (*Valid for one school year ONLY*)
 Reason for Medication: _____ Adverse Reactions or Side Effects: _____

Physician certified this student requires the above medication during school hours.

Date: _____ Physician Signature: _____

PHYSICIAN:** If student requires an EpiPen or Inhaler, and an additional EpiPen or Inhaler is required for bus transportation, field trips, or other activities, please provide an extra prescription to the parent. **Also, for students with asthma and/or allergies, please additionally complete the FARE- Food Allergy Research & Education form to accompany this form.

SELF-POSSESSION/SELF-ADMINISTRATION AUTHORIZATION

Students may possess/carry and/or self-administer medication ONLY if authorized by the physician and parent/legal guardian.

This student is capable of self-carrying self-administering: Epinepherine Inhaler

Physician Signature for student self-carry/administration of EpiPen/Inhaler: _____

Date: _____

Parent/Legal Guardian Signature for child to self-carry/administer EpiPen/Inhaler: _____

Date: _____

A student's authorization to possess and self-administer medication may be limited or revoked by the building principal after consultation with the school nurse and the student's parents/guardian if the student demonstrates an inability to responsibly possess and self-administer such medication. Please contact the building principal to develop a care plan to address how to keep a record of administration and when the student must seek assistance.

PARENT/LEGAL GUARDIAN AUTHORIZATION

I hereby request that my child be administered medication at school, by school personnel. I understand that the medication will be administered exactly as per directions of my above-name physician. I will notify the school of changes or discontinuation of this medication(s) by completing a new form. I consent and authorize the healthcare provider staff and school to share information as needed to clarify orders and assist with my child's healthcare needs. I agree that information contained herein shall be shared with individuals and staff that need to know.

Parent/Legal Guardian Signature: _____ Date: _____

Print Parent/Legal Guardian Name: _____

NOTICE OF DISCONTINUATION OF MEDICATION ADMINISTRATION

Please discontinue medication administration described above for my child: _____ As of: _____

Parent/Legal Guardian Signature: _____ Date: _____