MEDICATION/TREATMENT AUTHORIZATION FORM

Prescribed Medication

Student's Name: _____ Grade: _____

Date of Birth: _____

The following section is to be completed by the prescribing physician for prescription medication:

(A separate form must be completed for each medication or treatment prescribed)

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication/treatment, which is necessary to be given in school. I am aware that non-medical staff may administer this physician prescribed service.

This order is effective from: _____ **To:** _____

Diagnosis: (for this medication/treatment)		
Treatment:		
Name of Medication:	**Brand Name:**	**Generic Name:**
Strength (i.e. mg/tab)		

Instructions to assist the student in the self-administration of the medication

Amount (i.e. "2 tablets or 1 teaspoon"):		**Time(s):** (i.e. "10AM, Noon, and 2PM"):	
Frequency (i.e. "every 4 to 6 hours as needed for pain"):		**Duration** (i.e. "10 days")	
Route:	☐Oral	☐Topical	☐Inhaled
	☐*Injection* → → →	☐*Subcutaneous*	☐ *Intramuscular*
	☐Other *(describe)*		
Time medication is given at home *(if applicable)*:			
Possible side effects:			
Is student authorized to carry and use asthma inhalation medication or EpiPen?		☐ Yes	☐ No
Has student been instructed in the use of asthma inhaler or EpiPen?		☐ Yes	☐ No
The authorization for possession or self-administration of asthma, severe allergy, or anaphylaxis medication must be completed entirely by the parents and the physician for a student to be allowed to possess and/or self-administer asthma or severe allergy medication or an Epi-Pen.			
Other Information:			

Physician Signature: _____ Date: _____

Physician Name: _____

Office Address: _____ Phone: _____

The following section is to be completed by the parent or legal guardian:

I hereby grant permission to the administration or his/her designee to assist in the self-administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities. **It is my responsibility to notify the school if and when these orders change.**

Parent/Guardian name: _____ Relationship: _____

Phone #: _____ Phone #: _____

Signature: _____ Date: _____