

Medication Authorization

For Oral and Emergency Injected Medication Administration at School

Student Name: _____ Birth Date: _____
 School: _____ Grade: _____

LICENSED HEALTH PROFESSIONAL (LHP)

Complete this section using one form for each medication

Diagnosis or reason for medication: _____
 Severity of the problem: mild moderate severe
 Activity modifications or restrictions: _____

Name of Medication	Dosage	Method of administration	Time to be given or frequency if PRN

If given PRN, describe indications: _____

For EpiPens, describe signs or symptoms when to use: _____

Can the student travel on field trips > 30 minutes away from emergency medical response? Yes No

Possible side effects of medication: _____

Student is capable of **self-administration** of medication and has received instruction in the correct and responsible way to use the medication: Yes No
 Student can carry the medication on their person responsibly: Yes No

I request and authorize that the above-named student be administered or self-administer this oral medication according to the instructions indicated above from ___/___/___ to ___/___/___ (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of Signature

Licensed Health Professional

Phone / *FAX*

Name (Print)

PARENT or GUARDIAN

To complete this section

I request and authorize the school to administer medication to the above student in accordance with the LHP's instructions for the period from ___/___/___ to ___/___/___ (not to exceed the current school year). I understand that information about this medication and health problem will be shared with school staff that need to know.

My child can carry and self administer this medication at school Yes No

If I give permission for my child to carry and self-administration medication, I understand and agree that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and I hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

Date of Signature

Parent/Guardian Signature

Home Phone

Work or Cell Phone