

Authorization for Administration of Prescription Medication or inhaler at School

TO BE COMPLETED BY PARENT/GUARDIAN

I request/authorize the school to give medication to my student in accordance with the instructions written below. 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.

Student Name: _____ D.O.B. _____

School: _____ Grade: Level _____

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>ROUTE</u>	<u>REASON TO BE GIVEN</u>
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____

If given as needed, specify the length of time between doses: _____

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

Permission to carry inhaler on person _____ Yes _____ No

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).

Parent/guardian will provide all prescription medications in the original containers.

Date _____ Parent/Guardian Signature _____

Home Phone _____ Work Phone _____

Cell Phone _____

*This form ***must*** accompany any prescription medication to be given at school. No medication can be given to your child without it. .