AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

| Student Name: | | Birthdate: | _School:Gr: |
|----------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------|-----------------------------------------|
| THIS PORTION T | O BE COMPLETED B | Y THE PHYSICIAN/HEALTH CA | ARE PROVIDER |
| Name of Medication | Dosage | Method of Administration | on Time of Day to Be Taken |
| | _ | | |
| | | | |
| If given "prn" specify the length of tin | | | |
| Diagnosis and reason for medication | to be given during sch | ool hours: | |
| Anticipated action: | | | |
| Possible side effects of medication:_ | | | |
| Emergency Procedure in case of ser | rious side effects: | | |
| Student may carry and/or self-admin | ister this medication du | ring school hours:Yes_ | No |
| (A backup supply of the sam | e medication must be p | provided by the parents and stor | red with other medications at |
| | | substances under federal lav | |
| self-administered by a studer | nt under any circumstar | nces.) | |
| | | | |
| SELF-ADMINISTER N | MEDICATION MUST HA | T WHO NEEDS TO CARRY AN AVE SCHOOL NURSE, HEALTI AND AN EXCEPTION FORM OF | H CARE PROVIDER |
| I request and authorize the school to | administer the above r | medication in accordance with th | ne instructions indicated above |
| fromto | not to | exceed current school year. | |
| | | | |
| Health Care Provider Signature: | | | Date: |
| Name: | | | Telephone: |
| Name:Address: | | | |
| Address. | | | |
| I certify that I am the parent, legal guarantees the school to administer this medical | ardian, or other person i | <u> </u> | tified student. I request and authorize |
| indicated above. | | | |
| | | OL IN THE PROPERLY LABELE | _ |
| I give the health care provider permi | ssion to FAX this form | to the school nurse: Yes D N | o 🗆 |
| Parent/Guardian Signature: | | | Date: |
| Telephone:(Home) | | E-mail: | |
| (Home) | (Work) | | (Please Print) |

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