



## PARENT AND PRESCRIBER AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

(Includes prescription and over the counter medications)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

### To Be Completed By Health Care Provider

All orders are effective for the entire school year \_\_\_\_\_ including the summer session.

Diagnoses \_\_\_\_\_

Medication Name	Dose	Route	Time	<input checked="" type="checkbox"/> applicable boxes below
				<input type="checkbox"/> Bus <input type="checkbox"/> Sports/After School Activities <input type="checkbox"/> Supervised <input type="checkbox"/> Independent Use & Carry
				<input type="checkbox"/> Bus <input type="checkbox"/> Sports/After School Activities <input type="checkbox"/> Supervised <input type="checkbox"/> Independent Use & Carry
				<input type="checkbox"/> Bus <input type="checkbox"/> Sports/After School Activities <input type="checkbox"/> Supervised <input type="checkbox"/> Independent Use & Carry

Possible side effects & measures to be taken: \_\_\_\_\_

#### Prescriber please use codes below for each medication ordered:

<b>Bus</b>	Medication must be available on bus.
<b>Sports/Activities</b>	Medication is needed after school, <b>MUST CHECK INDEPENDENT USE &amp; CARRY BOX ABOVE.</b>
<b>Supervised Student/Self-Directed</b>	I have assessed this student to be self-directed regarding their medication(s). They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication & refrain from taking it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently. School staff trained by the school RN may assist students at the request & direction of the student.
<b>Independent Use and Carry</b>	In some situations, a child with a life-threatening medical condition may have emergency medications that can be used and carried independently (such as an inhaler, epi-pen, insulin, glucose gel). I attest that this student has demonstrated to me that they can self-administer the medication(s) listed above safely and effectively, and may carry and use this medication(s) independently at any school/school sponsored activity with no supervision by school staff.

Name and Title of Licensed Prescriber (Please Print) \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

### To Be Completed By Parent

I give permission for the above medication(s) to be administered to my child as ordered by my child's health care provider. The medication(s) should be furnished by an adult, in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it. I understand that the school nurse will administer the medication(s) or if my child is deemed self-directed & no nurse is available, a trained adult will supervise my child taking his/her medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

#### **Independent Use & Carry (Additional parental consent is required if independent use & carry box is checked above)**

I request that my child be permitted to carry the indicated prescribed life-saving medication(s) on his/her person, locker or PE locker, as I agree that my child can use their medication responsibly, effectively, and independently at school/school sponsored activities with no supervision by school staff. My child has been instructed in and understands the purpose, appropriate method, frequency and use of his/her medication(s). I assume responsibility for ensuring that my child is carrying & taking their medication(s) as ordered. I understand the school may revoke the independent use & carry privilege if my child proves to be irresponsible or incapable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse: \_\_\_\_\_ School \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_