

**Authorization for Administration of Medication at School**



Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Fax: \_\_\_\_\_

Medical Condition	ICD 10 Code	Medication	Strength	Dose	Time	Route	Possible Side Effects
1							
2							
3							
4							

Other Considerations/Directions: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

**(All authorizations expire at the end of the school year.)**

- Student is knowledgeable about the medication and how to administer it.
- Student may carry and self-administer the medication. **(Not applicable for controlled substances.)**

\_\_\_\_\_  
Print or Type Name of Physician/Licensed Prescriber

\_\_\_\_\_  
Physician's/Licensed Prescriber's Signature

\_\_\_\_\_  
Clinic Address

( ) \_\_\_\_\_  
Phone Number Date

( ) \_\_\_\_\_  
Fax Number

**Parent/Guardian Authorization**

1. I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
  2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
  3. I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)
  4. I give permission for the school nurse to communicate with the student's teachers about the action and side effects of this medication(s).
  5. I give permission for the school nurse to consult with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
  6. I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.
- My son/daughter may carry and self-administer his/her medication. **(Not applicable for controlled substances.)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

**NOTE: Medication is to be supplied in the original/prescription bottle/container.**