



## Authorization for Administration of Medication at School

Parent/guardian AND a licensed health care professional must provide written permission for school personnel to administer student medication(s) every school year.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Grade: \_\_\_\_\_ Primary Health Care Provider/Clinic: \_\_\_\_\_

### Licensed Health Care Provider Order(s) for Administration of Medication by School Personnel Diagnosis

Diagnosis	Medication	Dose	Time	Route	Possible Side Effect and/or other considerations

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

(Authorization expires at the end of the current school year or summer school as applicable unless otherwise noted)

\_\_\_\_\_  
Licensed Health Care Provider Signature

\_\_\_\_\_  
Printed name of the Licensed Health Care Provider

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**CLINICS: EMAIL ASTHMA ACTION & ANAPHYLAXIS PLANS TO THE SCHOOL'S OFFICE**

**NOTE: ALL MEDICATION MUST BE SUPPLIED IN THE ORIGINAL/PRESCRIPTION BOTTLE**

### Parent/Guardian Authorization for Medication Administration

1. I request the medication(s) listed above be given during school hours as ordered by this student's licensed health care provider. I also request the medication(s) be given on field trips as prescribed.
2. I will immediately notify the health office of any medication change(s) (i.e. medication discontinued, dosage change, etc.).
3. I give permission for health office staff to communicate, as needed, with school staff about this student's health condition(s) and the action of the medication(s).
4. I give permission for health office staff to consult with this student's licensed health care provider about any medication questions and/or any medical condition(s) being treated by the medication(s).
5. I give permission for school personnel to give the medication(s) as delegated by the Licensed School Nurse (LSN).

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone