AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATIONS IN THE SCHOOL SETTING

*One form for each medication given at school.
New forms required for changes in medication, dosage or time.*

Student Name: _____ DOB: _____

School: _____ Grade: _____

Medication Name/Strength: _____ ☐ Prescribed* ☐ Non-prescribed

Dosage: _____ How Given: _____ Time Given: _____

Dates Effective (check one): ☐ School Year _____ ***OR*** ☐ Specific Dates _____ to _____

Medication expiration date, if listed on medication: _____

Reason for Medication: _____

If "as needed," list conditions under which medication should be given:
_____

FOR COMPLETION BY PRESCRIBING PRACTITIONER

- *Prescribing Practitioner authorization is **REQUIRED** for all medications that are: prescription or in dosages that exceed typical recommendations.

Is the child knowledgeable about his or her medication? ☐ Yes ☐ No

Has the child demonstrated the proper technique in administering medication? ☐ Yes ☐ No

If needed, how soon can administration of medication be repeated? _____

☐ I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that he/she should be allowed to carry and use this medication by him/herself.

☐ It is my professional opinion that _____ should not carry and administer his/her medication by him/herself.

*Prescribing Practitioner's Name: _____ Phone: _____
(please print)

*Prescribing Practitioner's Signature: _____ Date:_____
(please sign)

I hereby give my permission to school personnel to give this medication to my child according to the directions stated above and to contact the child's practitioner if necessary. I agree to notify the school in writing when any change in the above order is necessary.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

I agree to allow my child to transport the medication package (filled or empty) to and from school for the purpose of maintaining medication needed at school for administration and bringing home medication at the end of the year. *Controlled substances may not be transported by students*