AUTHORIZATION FOR MEDICATION

ONE MEDICATION PER FORM SCHOOL YEAR: 2015-2016 STUDENT'S PICTURE

| Student's Name | Date of Birth | | Grade | |
|--|-----------------------|-----------------|-----------------|---------------------|
| | | a or p | aeu no. | 161147 |
| School Name | Phone Number | Fax N | umber | |
| TREATMENT PLAN | (To be completed by | Medical Pro | vider) | |
| Diagnosis: | | | CHARLES AND | d |
| ALLERGIES: | nodusnomiu | E 110-760 | DOM SAL | |
| Medication/Strength/Route: | | a hear c | 017501051 | |
| Wiedication Strongth Reduct. | Parents ma | ansig a | | |
| Dose & Frequency: | interior and the | nsl2 on | in Inada | · . |
| Directions: | Carrier yes the | Helle - de - | | |
| | | | albern III | 4 9 |
| | : English: | labels in | | |
| Side Effects: | tan a maid ab | | hac anio | |
| Has student been trained in the use | Decription | (medication | i's name) Y | es No |
| Is student authorized to carry and self-administer | _99ng.k5L1 | (medication | n's name) | Yes No |
| I am aware that this medication may be admir | nistered by school pe | ersonnel/non- | medical staff. | 4 9 |
| | | | arent. | |
| Provider's Name (PLEASE PRINT/STAMP) | Si | ignature | | Date |
| Address | | Phone | | Fax |
| PARENTA | L/GUARDIAN PER | MISSION | | 143111 |
| | , give my permiss | ion to the Sch | ool Principal o | r his/her specified |
| I,Parent/Guardian Name (PLEASE PRINT) | , give my perims. | non to the sea | | • |
| delegated personnel to administer prescribed me | edication to: | tudent's name a | nd Relationship |) |
| | (5) | | | |
| Signature of Parent/Guardian | Phone | | Date | |



Medication at School Checklist



What you need to bring in:

- Medication authorization form from doctor (*Originals*)
- One Medication authorization form for <u>EACH</u> medication your child is taking.
- Action care plans. Parents may get this form from school nurse. Signed by Doctor and parent.
- All medication needs to be in original box with pharmacy labels in English.
- Roles and Responsibility needs to be signed by parent, and school designee.
- Health history and consent needs to be signed by parent.

Thank you!