

**AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL**

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

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

**THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP) PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY.**

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of day to be taken</u>
_____	_____	_____	_____
_____	_____	_____	_____

Diagnosis or reason for medication: \_\_\_\_\_

If given PRN, specify the length of time between doses: \_\_\_\_\_

Inhalers: \_\_\_\_\_

Indicate if student carry on his/her person

Student is capable of self-administration of medication: \_\_\_\_\_ Yes \_\_\_\_\_ No

Possible side effects of medication: \_\_\_\_\_

Emergency procedure in case of serious side effects: \_\_\_\_\_

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) (not to exceed current school year) as there exists valid health reasons which made administration of the medication advisable during school hours.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Licensed Health Professional

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name (Print or type)

**Please Note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.**

**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

I request/authorize the school to administer medication to the above identified student in accordance with the LHP's instructions for the period from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler: \_\_\_\_\_ Yes \_\_\_\_\_ No

Permission to self-administer medication: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Date of Signature

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

Telephone Number: \_\_\_\_\_ (home)

\_\_\_\_\_ (work)