Medication Administration in School

The parent/guardian of		at the school staff give the
	(Child's name)	
following medication		
·	nedicine and dosage)	(Time(s))
	th Care Provider's signed instructions of	on the lower part of this
form.		
	cation prescribed by a licensed health care prov	vider.
It is the parent/guardian's responsibil	ity to furnish the medication. or unused medication within one week of notific	potion by stoff
	come in a container labeled with: child's name, na	-
	ate medicine is to be stopped, and licensed health of	
name. Pharmacy name and phone numb		are provider s
	must be labeled with child's name. Dosage must r	natch the signed
	nedicine must be packaged in the original contained	
	on for my child's health care provider to share	
	e nurse or school staff delegated to administer	medication. * <u>The first dose of an</u>
medication should be administered at ho	me prior to sending it to school.*	
	· -	
Parent/Legal Guardian's Name	Parent/Legal Guardian Signature	Date
	_	
Work Phone	Home Phone	
• • • • • • • • • • • • • • • • • • • •		
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Health Care Provider	Authorization to Administer Me	dication in School
CL212. No	D:d. J	l-4
Child's Name:	Birthd	.a.e:
Medication:	Dosage:	
Route:	To be given at the following times(s): _	
May repeat medication every	hours	
Purpose of Medication:		
1 ur pose or 1/10ureuron.		
Special instructions (storage may	student carry med, etc.):	
special metractions (storage, may	student carry med, etc.)	
Cide affects that mad to be werent	.d.	
Side effects that need to be report	ed:	
Ct. II. D.	F 11 - D /	
Starting Date:	Ending Date:	
Signature of HCP with Prescriptive	ve Authority(MD,DO,DDS,CNP,PAC)	Office Number
	<u></u>	
Office Fax Number	Date	

Please ask the pharmacist for a separate medicine bottle to keep at school. Thank you!