MEDICATION ORDER FORM

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENT NAME: _____ **BIRTHDATE:**_____

SCHOOL: _____ **GRADE:**_____

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

Name of Medication:	Dosage	Methods of Administration	Schedule

Diagnosis or reason for medication: _____

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

Inhalers:_____

Indicate if student can 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 a valid health reason which makes 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 and authorize the school to administer medication to the above-named 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. The medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication and the amount to be given. Nonprescription medication must be furnished in the original container from the manufacturer.

Permission to carry inhaler: Yes _____ No _____

Permission to self-administer medication: Yes _____ No _____

Permission to carry own medication: Yes _____ No _____

_____ _____

Date of Signature Parent/Guardian Signature

Telephone Number: _____ (home)_____(work)