

Authorization for Medication Administration by School Personnel

Complete and Return to School

To Principal of _____
 Student Name: _____ DCB: _____ Teacher: _____
 School Name: _____

I am giving school personnel permission to administer medication to _____ (Complete all underlined sections):

Medication's Name: _____
 Dose (prescribed amount e.g. 5 mg., no. of pills): _____
 Frequency (circle one): _____
 Time of day to be given at school (e.g. 1st hour of mid day): _____
 Duration: Start date _____ end date _____

Tablets requiring cutting should be cut by the parent before being brought to school. Licenses for medication require dosage spoons, available from your pharmacist, to be supplied by parent.

Route (circle one): Eye Mouth Ear Eye Nose Skin Inhalation

Reason for Medication: _____

Special Instructions: _____

Please allow my child to self-administer this medication. I refer to district policy on self-medication. I require self-medication agreement form to be signed by parent, school administrator, and prescription, consistent with physician's instructions. (See below)

I understand: I am responsible to provide this medication and medication to pick up all unused medication above the school personnel, and/or any child's health provider. I am responsible to notify the school in writing of any change, as necessary, between changes in the longer the school

Parent/Guardian Signature: _____ Date: _____
 (Required in writing of on pharmacy label for all prescriptions)

I have prescribed the above medication for the student who self-administers this medication. I require self-administration and action required: _____
 Please allow the student to carry and self-administer (self-administer) medication. I require self-administration and action required: _____
 Special instructions including adverse reactions and actions required: _____

Oregon-licensed Physician's Name (please print/stamp): _____ Address: _____
 Oregon-licensed Physician's Signature: _____ Phone #: _____

Effective Date: _____
 HSS / Forms / MRX

ALL MEDICATIONS MUST BE IN ITS ORIGINAL CONTAINER WITH ALL ORIGINAL LABELING AND INSTRUCTIONS.

PRESCRIPTIONS MUST BE WRITTEN BY A REGISTERED NURSE OR PHYSICIAN.

NO OVER THE COUNTER DRUGS.