

# AUTHORIZATION FOR SCHOOL PERSONNEL TO ADMINISTER MEDICATION



A physician's order must accompany all prescription medications. This must include the students name, medication name, dose, route, time and procedures of administration. Oftentimes, the pharmacy label will include all this information. Therefore, please provide all medications in their original container. Due to the potential for serious adverse reactions, we ask that the first dose of new medications be given at home. All medications must be brought to and from school by a parent or designated adult.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, the parent/guardian signature authorize RSU 16 to disclose, obtain, share & dialog. I understand that this consent is subject to revocation at any time, except to the extent that the person/agency, which is to make the disclosure already acted in reference to it. If not previously revoked, this consent will terminate in one year. I am entitled to a copy of this release, upon request. The parties listed on the release form will not release information to any other agency or person without specific written consent, except to those employed or contracted with either party.

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

Date of Consent: \_\_\_\_\_

Medication name/dose/time: \_\_\_\_\_

<b>Medical Provider to complete this section</b>
Reason for medication:
Other medications this student takes:
Any anticipated adverse reactions:
If yes, please describe:
Child's allergies:
Child may/may not carry own inhaler/EpiPen:
Child demonstrates correct technique when using inhaler:
Physician's name (please print):
Physicians Signature:
Physicians Phone: