Warren County
Educational Service Center

SCHOOL MEDICATION ADMINISTRATION / PROCEDURE AUTHORIZATION

The administration of medication at school is discouraged unless medically necessary. School personnel have been requested to administer the medication or perform the procedure listed below or during the program day. As parent/guardian/caregiver of the individual or physician of the individual, please review the medication/procedure, complete, sign and return this form authorizing its use and/or the procedure at school.

Child's Name _____ Date of Birth _____

Address _____ Grade _____

_____ Building/Program _____

_____

PLEASE TYPE OR PRINT CLEARLY

Medication Name/
Procedure: _____

Route _____ Dosage _____ Time(s) _____

Reason for Medication/Procedure: _____

Special Instructions for administration, including sterile conditions and storage:

_____

_____

Severe adverse reactions that should be reported to the physician: _____

_____

☐ Student has been instructed by prescriber in self-administration of asthma inhaler or epinephrine autoinjector as authorized on this form and may self-carry for self-administration.

Date to begin administration of medication at school: _____

Date to cease administration of medication at school: _____

_____ _____ _____

Physician's Signature Physician's Printed Name Date

_____

Physician's telephone number

For Parent/Guardian:

I have reviewed the above information and authorize medication administration as stated.
I give permission for program staff to contact the prescriber regarding the administration of this medication or procedure. I agree to do the following:

1) Deliver any needed medications in the original container with pharmacy label attached with the name, medication, route, dosage, and time to be taken and/or provide any supplies needed for procedures.
2) Notify School Staff in writing with the physician's signature that the above medication or procedure has been changed (i.e., route, dosage, time) or has been discontinued.

_____ _____

Parent/Guardian/Primary Caregiver Signature Date