

KRIEGER SCHECHTER DAY SCHOOL

PHYSICIAN'S MEDICATION AUTHORIZATION FORM

A Physician's Medication Authorization Form must be completed at the beginning of each school year for all medications.

- This form must be completed and signed by the parent and the child's medical provider in order for us to administer ANY required medication. This includes both prescription and over-the-counter (OTC) medications.
All prescription medication must be in a container with the pharmacist's label attached.
Non-prescription medication must be in the original container with the manufacturer's original label intact.
The medication is required to be brought to school by a parent/guardian or responsible adult.
It is recommended that the first full day's (24 hours) dose of any new medication be given at home.

HEALTH CARE PROVIDER'S INSTRUCTIONS FOR GIVING MEDICATION

Name of Student: Date of Birth: Grade:

Condition for which medication is being administered:

Medication Name: Dose: Route:

Time/frequency of administration: If PRN, frequency:

If PRN, for what symptoms:

Relevant side effects: None expected Specify:

Medication shall be administered from: to
Month / Day / Year Month / Day / Year

Prescriber's Name/Title:

Prescriber's Signature: Date:

Telephone: FAX:

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: Date:

Home Phone #: Cell Phone #: Work Phone #:

AUTHORIZATION FOR STUDENT TO CARRY EPI-PEN AND/OR INHALER

Self carry/self administration of emergency medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization (Signature and Date):

Parent/Guardian (Signature and Date):

To Be Completed by School Nurse: Medication expires:

Contact School Nurse at (410) 486-8640 X247. Forms may be faxed to (410) 486-6106, Attn: School Nurse.