EMERGENCY MEDICATION

AUTHORIZATIONS FOR SCHOOL ADMINISTRATION

Such emergency medications include Epinephrine (for severe allergies); Inhalers (for asthma); and, Insulin/Glucagon (for diabetes).

A HEALTH CARE PROVIDER ORDER and PARENT/GUARDIAN PERMISSION
is needed in order for a student to self-carry and use medications that require rapid administration.

The following information should be completed by the student's medical provider and parent/guardian:

TO BE COMPLETED BY HEALTH CARE PROVIDER:

I request that my patient, as listed below, receive the following medication(s):

NAME:_____**DOB:**_____/_____/_____**GRADE:**_____

MEDICATION(S)	DOSAGE ROUTE	FREQUENCY TIME	REASON FOR MEDICATION	DURATION OF TREATMENT

Possible Side Effects/Adverse Reactions:_____

***(___)I attest that this student has been instructed and has demonstrated to me that he/she can self-administer the medication(s) listed above safely and effectively; and, they may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff, either on his/her person or to keep in his/her locker.**

(____) Yes, student may carry and self-administer medication

(____) No, I do not attest to the above-mentioned statement. Student's medication should be kept in health office.

Name of Health Care Provider and Title *(please print)***:**_____

Health Care Provider's Signature:_____**Date:**____/____/_____

Address:_____**Phone:**_____

TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ receive the medication(s) as prescribed above by our licensed health care provider.

***(____) I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity with no supervision by school staff.**

Parent/Guardian Signature:_____**Date:**____/____/_____

Address:_____**Phone:**_____