

REQUEST TO ADMINISTER MEDICATION

Please give to _____, in the _____ grade, the following medication:
Student's Name

Name of Medicine and Strength

Amount or How Many to be Given

Time or How Often to be Given

For the Treatment of

Special Instructions: _____

Parent's Signature

Date

NOTE TO PARENT: Parental request to administer medication at school is needed for both prescription and non-prescription medicines. All unused or discontinued medication will need to be picked up by the parent; if it is not picked up, it will be discarded by the school clinic personnel.

8/08

REQUEST TO ADMINISTER MEDICATION

Please give to _____, in the _____ grade, the following medication:
Student's Name

Name of Medicine and Strength

Amount or How Many to be Given

Time or How Often to be Given

For the Treatment of

Special Instructions: _____

Parent's Signature

Date

NOTE TO PARENT: Parental request to administer medication at school is needed for both prescription and non-prescription medicines. All unused or discontinued medication will need to be picked up by the parent; if it is not picked up, it will be discarded by the school clinic personnel.

8/08

AUTHORIZATION TO CARRY INHALER ON SCHOOL GROUNDS

Please allow _____ in the _____ grade to carry his/her
Student's Name

_____ inhaler to use _____
Name of Inhaler *Amount or Dosage*

for emergency treatment, when _____.
When to Use

We request that the student be permitted to carry the inhaler on his/her person or to keep it in his/her backpack. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of the prescribed inhaler.

Physician's Signature

Date

Parent's Signature

Date

AUTHORIZATION TO CARRY EPI-PEN ON SCHOOL GROUNDS

Please allow _____ in the _____ grade to carry his/her
Student's Name

_____ auto-injector to use _____
Name of Auto-Injector *Amount or Dosage*

for emergency treatment, when _____.
When to Use

We request that the student be permitted to carry the auto-injector on his/her person or to keep it in his/her backpack. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of the prescribed auto-injector and understands the importance of reporting immediately to the school health assistant after using the auto-injector. We understand that a **911 call** is required after the use of the Epi-Pen auto-injector.

Physician's Signature

Date

Parent's Signature

Date

AUTHORIZATION TO CARRY EMERGENCY MEDICATION

Please allow _____ in the _____ grade to carry his/her
Student's Name

_____ to use _____
Name of Medication *Amount or Dosage*

for treatment of _____
Physician's Diagnosis

at the following times: _____
When to Use

We request that the student be permitted to carry the above emergency medication on his/her person. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of the prescribed medication.

Physician's Signature

Date

Parent's Signature

Date
