PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or his/her delegate (school nurse or other responsible person) to administer the following medication to my child.

Name of Child ____

Name of Drug ______________________ Dosage __________ Route _______

at the following time(s) ______________________________________

Date _____________ ______________________________

Signature of Parent or Guardian

Taken from: Montgomery County Health Association Guidelines

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

____ is under my care and should receive
Name of Student

__________________________________ at the following times ________________
Name of Drug, Dosage, Route

Specific instructions for administration ______________________________________

Possible side effects to watch for ____

Expiration date of this request ____

Date ______________ ____
Physician's Signature

____
Physician's Phone Number

SELF-MEDICATION FOR ASTHMA INHALERS AUTHORIZATION FORM

Student Name: ______________________________ Date: ____________________

Address: ____

____

Medication Name: ____

Dosage: ______________________________

Date the administration is to begin: ____________________

Date the administration is to cease: ____________________

Adverse reactions that should be reported to the physician: ______________________

____

Adverse reactions for unauthorized user: ____________________________________

____

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack: ____

____

____

Other special instructions: ____

____

Physician and parent/guardian names, signatures, and emergency phone numbers:

Physician name: ______________________________ Phone: ____________________

Signature: ___________________________________ Date: ____________________

Parent/Guardian Name: _________________________ Phone: (Work) ______________

(Home) ______________

(Other) ______________

Signature: ___________________________________ Date: ____________________

Copies must be provided to Principal