PHYSICIAN'S AUTHORIZATION for MEDICATION at SCHOOL

This order expires on _____ or at the end of the current school year.

Student's Name: _____ Date of Birth: _____

Diagnosis: _____

TO BE COMPLETED BY LICENSED PRESCRIBER:

Medication: #1 _____ Dosage (mg, ml, puffs): _____

Specify medication type: □ Daily □ Emergency □ As Needed

Form of medication (circle): Pill/Capsule Liquid Inhaler Nebulizer Injection Topical Drops

Time to be given at school: _____ If prn, allowable frequency: _____

Special requirements with medication: _____

Side effects of medication: _____

Medication: #2 _____ Dosage (mg, ml, puffs): _____

Specify medication type: □ Daily □ Emergency □ As Needed

Form of medication (circle): Pill/Capsule Liquid Inhaler Nebulizer Injection Topical Drops

Time to be given at school: _____ If prn, allowable frequency: _____

Special requirements with medication: _____

Side effects of medication: _____

Medication: #3 _____ Dosage (mg, ml, puffs): _____

Specify medication type: □ Daily □ Emergency □ As Needed

Form of medication (circle): Pill/Capsule Liquid Inhaler Nebulizer Injection Topical Drops

Time to be given at school: _____ If prn, allowable frequency: _____

Special requirements with medication: _____

Side effects of medication: _____

Physician's Name: _____ **Telephone:** _____
(Print)

Physician's Signature: _____ **Fax #:** _____
(Original signature only)

_____
Date

PARENT'S PERMISSION

I hereby request that my child (named above) receive the above medication during school hours per the physician's order. I will not hold the GLPS Board of Education or its personnel responsible for complications related to the medication. I authorize school personnel to consult with the above physician regarding my child's health condition/medication and to exchange information by telephone, fax and written correspondence.

Parent Signature	Home Phone	Emergency Phone	Date
_____	_____	_____	_____

GRAND LEDGE PUBLIC SCHOOLS DO NOT HAVE MEDICAL PERSONNEL PRESENT TO ADMINISTER MEDICATION/TREATMENT, IF APPROPRIATE, PLEASE ORDER MEDICATION/TREATMENT TO BE ADMINISTERED AT HOME.

All medication must be delivered to the school office by a parent/guardian or an adult parent representative in the original, properly labeled container