URSULINE ACADEMY
HEALTH OFFICE
781-493-7721
FAX 781-326-4898

AUTHORIZATION FOR MEDICATION ADMINISTRATION

Both a licensed **prescriber** and a **parent/guardian** must complete and sign this form before prescription medication can be dispensed at school.

Student: _____ DOB _____ Grade ____

PRESCRIBER AUTHORIZATION

Must be completed and signed by a licensed prescriber

Medication: _____ Dosage _____ Route _____

Frequency _____ Time(s) of administration at school _____ Specific instructions: _____ Possible Side Effects: _____

Diagnosis/reason for medication: _____

Allergies: _____

Significant medical concerns: _____

Consent for self-administration: The student has been instructed in the self-administration of this medication and may do so at school if the school nurse determines it is safe and appropriate. YES ____ NO _____

Signature of licensed prescriber _____ Date _____

Print name_____ Title _____ Phone _____

PARENT/GUARDIAN AUTHORIZATION

My child currently takes the following *additional* medication: _____

_____

* I give consent for the school nurse (or school personnel designated by the school nurse) to administer the medication above, _____, to my child, or to supervise my child in the self-administration of the above medication if the school nurse deems that it is safe and appropriate to do so.

* Medication must be provided in the original pharmacy or manufacturer labeled container. Only the dose(s) to be given during school hours should be sent to school. Only a 30 day supply of medication can be accepted at any time.

* I understand that I may retrieve the medication from the school at any time and that the medication will be disposed of according to MDPH guidelines if it is not picked up one week following the termination of the order or one week beyond the close of school.

* I authorize the school nurse to share information regarding the administration of this medication as she deems necessary for the health and safety of my daughter.

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

Telephone: _____