

AUTHORIZATION FOR STUDENT MEDICATION

3416 F1

To the Principal of _____ School Date _____

I, the parent/guardian of _____, whose birth date is _____, request the following medication is given to my child during school hours. I release school personnel from any liability involved with administering this medication according to the doctor's instructions below. I understand that this form is valid only with a licensed medical provider's signature. I authorize the school nurse and the medical provider to communicate as needed to ensure the safe administration of the medication. I UNDERSTAND THAT THIS AUTHORIZATION IS IN EFFECT FOR ONE YEAR AND A NEW FORM MUST BE SIGNED BY A MEDICAL PROVIDER EACH SCHOOL YEAR.

Parent Signature Parent's Printed Name Date

In accordance with the request of the parent above I request that the following medication be given to _____ by school personnel during regular school hours:

Diagnosis	Medication	Dosage	Time
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Only asthma inhalers, epinephrine, and diabetic medications and supplies can be carried by a student at school.

Do you recommend that any of these be kept with the student at all times? If so, which? _____ Epinephrine
_____ Diabetes medication and supplies
_____ Asthma inhaler

Has the student been trained to self-administer the medication and are they capable of doing this safely? No Yes

Potential side effects of these medications the school staff needs to be aware of: _____

Additional instructions to the school: _____

Note: If a request is being made to administer Glucagon to a diabetic student in an emergency low- blood sugar situation, an additional, specific form, the Utah State Administration of Glucagon form, must be signed by the parent and physician and kept on file at the school.

Physician Signature Physician's Printed Name Date

Signature of Principal Date Signature of School Nurse Date

Signature of staff members assigned to administer the above medications:

1. _____ 2. _____ Date _____

