

# Medication Administration Authorization Form

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Routine and PRN Medications

Medication Name	Medication Dose	Medication Administration Time at School	Medication Route	Beginning and Ending Date

## Epinephrine injection pen Self-Administration Authorization (to be completed by Health Care Provider )

The above student needs to carry a prescription Epi- Pen with him/her. This student has been instructed in the proper use of the Epi-Pen and fully understands how to administer this medication.  
 This student is / is not (circle one) capable of administering their own medication, both on school grounds and at school related activities. Any changes to this medication, dosage or recommended regimen will be accompanied by an updated medication administration authorization form.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Will student keep a back up Epi-Pen in clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

## Asthma Inhaler Self-Administration Authorization – to be completed by Health Care Provider

The above student needs to carry a prescription asthma inhaler with him/her. This student has been instructed in the proper use of the Inhaler and fully understands how to administer this medication.  
 This student is / is not (circle one) capable of administering their own medication, both on school grounds and at school related activities. Any changes to this medication, dosage or recommended regimen will be accompanied by an updated medication administration authorization form.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Will student keep a back up Inhaler in clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I give permission as the parent/guardian of the above student to receive the above mentioned medication(s) at school according to school policy.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_