BRENTWOOD UNION FREE SCHOOL DISTRICT
ADMINISTRATION OF MEDICATION IN ESCHOOL

HS 033
Secondary

PARENT AND PRESCRIBER'S AUTHORIZATION

Authorization for Administration of Medication

A. To be completed by the parent or guardian:
I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse, or the designated person in the case of the absence of the school nurse, will administer the medication.

B: To be completed by the licensed health care prescriber:
I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth: _____
Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: _____
Possible Side Effects and Adverse Reactions (if any): _____
_____

Name of Licensed Prescriber and Title (Please Print) _____

Prescriber's Signature: _____ Date: _____
Address: _____ Phone: _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies to the medications checked below:

This student is diagnosed with:

- ☐ Allergy and requires Epinephrine Auto-injector
- ☐ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- ☐ _____ which requires rapid administration of _____
  (State Diagnosis) (Medication Name)

Signature: _____ Date: _____

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may use and carry this medication independently at any school/school sponsored activity with no supervision by school staff.

Signature: _____ Date: _____