NOBLE ACADEMY
PHYSICIAN AUTHORIZATION OF MEDICATION

Parents, please submit a new form during the school year if there are changes or additions.

Absolutely no prescription medications will be administered by school personnel without the written authorization of a physician/designee.

Check one: _____ Prescription _____ Non-Prescription

Name of Student: _____ Date of Birth: _____

Prescribing Health Care Clinician: _____

_____

(1) Medication: _____ Diagnosis: _____

Dosage and Frequency (amount to be given and time): _____

Expected dates for Administration: _____

Possible Adverse Reactions That Should Be Reported to Health Care Clinician: _____

☐ Check here if serious reaction can occur if medication is not given exactly as prescribed.

☐ Check here if serious reaction can occur even when medication is administered properly.

☐ Student has been instructed, understands, and has demonstrated the skill to self administered his/her emergency medication.

Special Handling Instructions: _____

(2) Medication: _____ Diagnosis : _____

Dosage and Frequency (amount to be given and time): _____

Expected dates for Administration: _____

Possible Adverse Reactions That Should Be Reported to Health Care Clinician: _____

☐ Check here if serious reaction can occur if medication is not given exactly as prescribed.

☐ Check here if serious reaction can occur even when medication is administered properly.

☐ Student has been instructed, understands, and has demonstrated the skill to self administered his/her emergency medication.

Special Handling Instructions: _____

NOTE: The health care clinician may use another format (computer printout, letter, etc.) to authorize administration of the medication. However, all information requested above must be provided.

_____ _____ _____

Signature of Health Care Clinician Date Phone

PARENT PERMISSION

I hereby give my permission for my child (named above to receive medication during school hours). This medication has been prescribed by a licensed physician or other health care clinician. I hereby release the Board of Education and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

_____ _____ _____

Signature of Parent or Guardian Date Phone