

Anna-Jonesboro Community High School District 81

2020/2021

Authorization and Permission for Administration of Medication

Student's name

Birthdate

School medications and health care services are administered following these guidelines:

Physician/prescriber signed the authorization form to administer the medication.

Parent signed and dated authorization form to administer the medication.

The medication is in the original labeled container as dispensed.

The medication label contains the student name, name of medication, directions for use, and date.

Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

Medication/Treatment

Dosage

Time to be Administered

Intended effect of Medication

Expected side effects, if any

May student **carry and self-administer** this medication while at school, outside of the health services office?

Please circle: YES or NO (if YES, a student self-administration form must be completed)

Prescribers signature

Date signed

Prescriber's Phone Number