

Authorization for Administration of Medication

××*	Student's Name:		School Year:
COPERATIVE		Class:	
	I his portion to be	e completed by the Licensed Hea	
Name of Medication	on:		
Dosage/Frequency	<i>y</i> :		
Diagnosis or reaso	on for medication:		
If given PRN, spec	ify the length of time b	etween doses:	
Possible major sid	e effects of medicatio	n:	
What observable s	ide effects do you war	nt us to report?	
BACKUP MEDICAT	TION KEPT AT SCHOO	L IS HIGHLY ENCOURAGED!	
I request and authorize that the above-named student be administered the above identified oral mediation or Epi-Pen injection in accordance with the instructions indicated above from to (not to exceed current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.			
Licensed Health P	rofessional	Clinic Name	Date
Name (Print or typ	e)	Telephone	Fax

Please note:

1. Prescribed medication must be provided in the container labeled by the pharmacist with the name of your child, the name of the medication, the dosage and frequency in which the medication is to be given.

2. Over the counter medications must be in the original container.

3. If samples of medication are given, they must be labeled with the name of the student, dosage, and time to be given.

4. Medications must be brought to school by the parent/guardian

This portion to be completed by the Parent/Legal Guardian

I request and authorize Kids Village Co-op to administer medication to the above identified student in accordance with the health care provider's instructions. I may revoke this authorization by writing to the school. If I did, it would not affect any actions already taken by the school.

Once health care information is disclosed, the person or organization that receives it may re-disclose it in conformance with applicable laws. Confidentiality of information provided to this school is protected by the federal Family Educational Rights and Privacy Act.

You have my permission to communicate with this health care provider in order to make arrangements for the care and supervision of my child.