

Authorization for Administration of Medication at School

| Student Name: | | | Birthdate: | | Grad | e: |
|--|--|---|---|--|------------------------------|---------|
| This Portion to prescribing | | | censed health f their prescrip | | • | HP) |
| (Please clearly print legible ins | tructions) | | | | | |
| Name of Medication | <u>Dosage</u> | Method of Administration | Time(s) to Be Taken | Reason and Special instructions for Medication | | |
| | | | | | | |
| I request and authorize this I request and authorize this | | · · | | ondary only) | Yes No Yes No | |
| Possible Medication side eff | ects: | | | | | |
| Emergency Procedure in case | of serious side | e effects: | | | | |
| I request and authorize the al instructions indicated above fr a valid health reaso | om | (date) to | | ed current so | chool year). Th | |
| REQUIRED Signature of Licensed Health Professional (LHP) | | | | Date | | |
| Name (please print) | | | | Phone | | |
| This | portion to | be complete | d by a parent or | guardiar | 1 | |
| I request this medication to I give Liberty Christian School I understand oral medication Medication information may All medication supplied mushealth professional. | be given as or of Staff permis ns may be adm be shared wi | dered by the license sion to communicat ninistered by non-lin th school staff work | ed health professional. e with the medical office censed staff members. ng with my child and 91 | e about the n | nedication. y are called. | icensed |
| Parent Signature: | | | Date | e: | | |

Rev. 7/5/18