



Nurse Phone: 414-649-2825

Fax: 414-389-5118

## Student Health Center Medication Request/Authorization

### To be completed by Parent/Guardian:

Student Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
 Grade/Class: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### To be completed by the Medical Provider:

Name of medication: \_\_\_\_\_  
 Reason for medication: \_\_\_\_\_ Dose and route: \_\_\_\_\_  
 Times to be given at school/frequency: \_\_\_\_\_  
 Possible adverse reactions/side effects: \_\_\_\_\_  
 Actions to take if observed: \_\_\_\_\_  
**For PRN orders:** Specific symptoms or conditions under which medication is to be given: \_\_\_\_\_

### Medical Provider approval for students to carry/self-administer medication:

Medication allowed:  Metered Dose Inhaler  EPI-pen  Other, list here: \_\_\_\_\_  
 **Yes**  **No** This child has received adequate instruction about how and when to administer this medication and in my professional opinion is capable and responsible to self-administer it.  
 **Yes**  **No** Due to the need for this child to have this medication immediately accessible, I recommend they be allowed to have this medication in their possession and to use it as prescribed.

**Prescribing Medical Provider Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature of Prescribing Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I, the parent/legal guardian of the above-named student, have read, understand, and agree to the Responsibilities and Guideline for Medication at School. I give permission for school personnel to administer the above listed medication(s) as authorized by the Medical Provider. I authorize the school nurse to contact the provider directly for clarification of this medical order or to report any adverse reactions/side effects. I understand that it may be necessary to share the information on this form with other school staff to ensure proper administration of this medication. This information may also be shared with emergency medical staff in the event of an emergency requiring transport to a medical facility.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_