AUTHORIZATION FOR STUDENT MEDICATION

To the Principal of		School	Date	<u> </u>
I, the parent/guardian of	g this medicati censed medical s needed to ens ATION IS IN E	on according to the do provider's signature. sure the safe administ EFFECT FOR ONE Y	octor's instructions I authorize the scl ration of the medica EAR AND A NEV	below. I understand that this nool nurse and the medical ation. I UNDERSTAND
Parent Signature			nted Name	Date
In accordance with the requ				dication be given to
Diagnosis	N	ledication	Dosage	Time
1				
2				
3				
Only asthma inhalers, epine diabetic medications and be carried by a student at Do you recommend that a kept with the student at all. Has the student been trained medication and are they compared to the school staff needs to	supplies can school. any of these be all times? If so, do to self-admirapable of doingse medications	which? hister the g this safely?	epin	ma inhaler nephrine netes medication and supplies Yes
Additional instructions to the	ne school:			
	cific form, the	Utah State Administr		n emergency low- blood sugar form, must be signed by the
Physician Signature		Physician's Prir	nted Name	Date
Signature of Principal	Date	Signature of Scho	ool Nurse	Date
Signature of staff members	assigned to ad	minister the above me	edications:	
1.	·	2		Date