

**Appleton Area School District**

**AUTHORIZATION FOR SELF ADMINISTRATION OF MEDICATIONS IN THE SCHOOL SETTING**

(Use a separate authorization form for each medication)

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School: \_\_\_\_\_ Grade/Room \_\_\_\_\_

**FOR COMPLETION BY PARENT**

*(Required for all prescription and non-prescription medications)*

Parent's Names: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s): \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Is the child authorized to carry and self-administer medication?  Yes  No

As the parent of the above named student, I ask that my child be permitted to self-medicate as authorized by myself and my physician. Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers and to contact the child's physician if necessary.

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

**FOR COMPLETION BY PHYSICIAN**

*(Required for all controlled substances and asthma inhalers)*

Physician's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Is the child knowledgeable about his or her medication?  Yes  No

Has the child demonstrated the proper technique in administering medication?  Yes  No

Medication is administered daily. Time: \_\_\_\_\_  Yes  No

Medication is administered when needed. Indications: \_\_\_\_\_

If needed, how soon can administration of medication be repeated? \_\_\_\_\_

Side effects: \_\_\_\_\_

Comments: \_\_\_\_\_

( ) I have instructed \_\_\_\_\_ in the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and use this medication by him/herself.

( ) It is my professional opinion that \_\_\_\_\_ should not carry and administer his/her medication by him/herself.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_