COMMERCE BOARD OF EDUCATION

FFACA-E1

MEDICATION: ADMINISTERING TO STUDENTS

AUTHORIZATION

Name	Grade	
Teacher	School	
Time to be administered	a.m	p.m.
Date from	to	
TO PARENT/GUARDIAN/INDIVIDUAL ASS that you wish administered to your child prescrip doctor who prescribed the medication.	ption medicine? If so, please	provide the name of the medical
Is the child's disability or illness such that the management of guardian must provide a written statement and is capable of, and has been instructed in the	d include a statement to that effect in nent from the physician treating the st	the child's prescription. The tudent that the student has asthma
Prescription medication must be furnished by the pharmacist. The label must reflect the name, str medication may be self-administered by a minor must reflect the name and strength of the medication.	ength, and dosage of the medication at. Non-prescription medication must	and whether or not the
This form <u>must</u> be signed by the parent/guardian physician may be required at the discretion of the		nature of the prescribing
Signature of Parent/Guardian/Individual Assumi Permanent Care and Custody	ing	Date
Physician's Signature		Date
(required for self-administration of medication)		
doption Date:	Revision Date(s): 08/11/2008	Page 1 of 1