## **HEALTH SERVICES**

## AUTHORIZATION TO ASSIST IN THE ADMINISTRATION OF MEDICATION/TREATMENT

	Data of Divide.		
Student Name:School:	Date of Birth: _ Teacher/Grade:		
List Known ALLERGIES:	reacher/Grade.		
LIST KHOWH ALLENGIES.			
NURSING SERVICES AND MEDICA	TION/TREATMENT ORDER		
ALL INFORMATION MUST MATCH T and in original containers. Complete A new form must be completed if the	one form for each medication/treatm	ent to be administered.	erly labeled
Nursing services are recommended	d for the care of this student durin	g the school day.	
It is necessary for the following medic activities. I am aware that non-medica			nsored
Name of medication/treatment:		Amount (Dosage):	
Time to be given:	Date to start:	Date to end:	
Health condition requiring medica	tion:		_
Possible side effects:			
Special instructions:			
Physician ordering medication: _	(please i	orint)	
Physician address:	(6.0000)	,	
Physician's phone:	Fax:		
Physician's signature: (required for a			
medications)		Date: _	
PARENT/GUARDIAN to Complete: Authorized to the complete of the			
		is and to discuss these needs v	ui+b vou obild′c l
physician as needed throughout the school year. I may withdraw this authorization at any time an As the parent or guardian of the student name medication/treatment prescribed for my child. I understand that under provisions of Florida Stamedication when the person administrating suc same or similar circumstances. I also grant perm concerns about the medication. I have read the this condition to school personnel.	d that this authorization must be renewed annual ad above, I request that the principal or principal above, I request that the principal or principal above, I request that the principal or principal above, I request that the principal above, it is a principal above, it i	g a health care plan for my child ally. val's designee assist in the adr damages as a result of the adr prudent person would have action listed above if there are an	. I understand ninistration of ministration of ted under the y questions or
physician as needed throughout the school year. I may withdraw this authorization at any time an As the parent or guardian of the student name medication/treatment prescribed for my child. I understand that under provisions of Florida Stamedication when the person administrating suc same or similar circumstances. I also grant perm concerns about the medication. I have read the	I understand this is for the purpose of generating d that this authorization must be renewed annual above, I request that the principal or principal detuce 1006.062, there shall be no liability for civil the medication acts as an ordinarily reasonable, hission for school personnel to contact the physic	g a health care plan for my child ally. val's designee assist in the adr damages as a result of the adr prudent person would have action listed above if there are an	. I understand ninistration of ministration of ted under the y questions or
physician as needed throughout the school year. I may withdraw this authorization at any time an As the parent or guardian of the student name medication/treatment prescribed for my child. I understand that under provisions of Florida Stamedication when the person administrating suc same or similar circumstances. I also grant perm concerns about the medication. I have read the this condition to school personnel.	I understand this is for the purpose of generating d that this authorization must be renewed annual ad above, I request that the principal or principal turn to 1006.062, there shall be no liability for civil the medication acts as an ordinarily reasonable, hission for school personnel to contact the physic guidelines and agree to abide by them. I authori Print Name  Print Name  ER/EPINEPHRINE)—Florida Statuly a metered dose inhaler or epinephic the approval from his/her parents and	g a health care plan for my child ally.  lal's designee assist in the adressist of the adressist prudent person would have action listed above if there are an are the physician to release info  Phone Number  te 1002.20  line auto-injector on history physician.	. I understand ministration of ministration of ted under the y questions or rmation about  Date