



Queen's Grant High School

Authorization to Administer Medication

Student Name: _____ Birthdate: _____

PARENT OR GUARDIAN'S PERMISSION: I give permission for my child to receive the medicine described below during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve Queen's Grant Preparatory High School and their agents and employees from any and all liability whatsoever that may result from my child taking this medicine at school.

Parent/guardian signature: _____ Date: _____

Contact numbers: _____
(pager or mobile, work, home telephone #s)

FOR LICENSED HEALTHCARE PROVIDER USE ONLY: (Please write legibly using lay terms.)

Medication prescribed: _____ Strength/dose: _____

Specific directions: [include exact amount to give, at what time and/or how often, relationship to meals, specific indications, e.g. if prn (as needed)]

Purpose of medication: _____

Relationship to meals, if applicable: _____

How often and at what time (hour): _____

Specify side effects or adverse reactions: _____

Other instructions (including emergency situations): _____

Please check all appropriate items.

Please allow this student to self-administer this medication while at school during school hours. (*should be checked for students who use inhalers, epi-pens, or self-administer insulin*)

This student should carry the medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities. *should be checked for students who use inhalers, epi-pens, or self-administer insulin*

This medication is to be used for emergencies only.

It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance. Please notify the principal and/or school nurse and parents/guardians if there are any problems.

Healthcare provider signature: _____ Provider's last name (Print): _____

Practice name/address: _____

Phone: _____ Fax: _____ Date: _____