

# PERMISSION FOR MEDICATION ADMINISTRATION AT SCHOOL

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

In order for the school to administer any prescription or over-the-counter medication to your child, you must provide the school with written orders from your child's healthcare provider. All medications must be provided in their original container and labeled with your child's name. Please return this form to:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/e-mail: \_\_\_\_\_

By signing this form, I give permission for my child's healthcare provider to share information about the administration of this medication with the school staff delegated to administer medications. I further authorize the school personnel delegated to administer medications to administer the medication(s) identified in the following section in accordance with my healthcare provider's instructions.

Parent/guardian's signature: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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*This section must be completed by your healthcare provider*

## HEALTHCARE PROVIDER AUTHORIZATION

CHILD'S NAME:

Birth date:

Medication:

Dosage:

Route:

Administration time(s):

Start Date:

End Date:

Special instructions:

Any side effects to reported:

Signature of healthcare professional with prescriptive authority: \_\_\_\_\_

Printed name of healthcare professional: \_\_\_\_\_

Phone/e-mail: \_\_\_\_\_

Date: \_\_\_\_\_

## 学校药品管理许可

学生姓名：

学校：

为了让学校为您的孩子提供任何处方或非处方药品，您必须向学校提供您孩子的医疗保健提供方的书面授权。所有药品必须以原始容器形式提供，并标有您孩子的姓名。请将此表返回至：

姓名：

职务：

电话/电子邮箱：

通过签署此表格，本人准予孩子的医疗保健提供方将有关该药品的用药信息与学校专门负责药品管理的工作人员共享。本人进一步授权学校专门负责药品管理的工作人员按照医疗保健提供方的指示对下节中确定的药品进行管理。

家长/监护人签字：

家长/监护人的打印姓名：

日期：

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本节必须由您的医疗保健提供方填写

## 医疗保健提供方的授权书

儿童姓名：

出生日期：

药品名称：

用药剂量：

给药途径：

给药次数：

开始日期：

结束日期：

特别说明：

需报告的副作用：

具有处方权限的医疗专业人员的签字：

医疗专业人员的打印姓名：

电话/电子邮箱：

日期：