

## DAVIS SCHOOL DISTRICT SCHOOL MEDICATION AUTHORIZATION FORM

Health & Nursing Services 20 North Main, Farmington, Utah 84025 Office (801) 402-5540 Fax (801) 402-5341

STUDENT INFORMATION							
Student:	Scho	ol:			DOB:	Grade:	
Parent:	Phor	ne:			Email:		
Parent: complete the above	ve section, read and sign	below, obta	in signatu	re from F	ealth Care Provi	der and return to so	chool.
As parent/guardian I requed I understand medication I understand a new medication I understand parent or good I understand prescription I understand all prescription I understand over-the-coname, administration time I understand the inform I understand it is my resorder.  I give permission for my chand I agree to above states	n will be administered by dication authorization for guardian is responsible from medication must be tration medication must be tration time, dosage, and ounter medication must be, dosage.  The stration contained in this of sponsibility to notify the mild's healthcare provider	trained schom will be re or maintaining ansported to e in a currend d health care be in the or rder will be s school nurse	ool emplo quired an ng necess o and fror t original e provider iginal man shared wi e of any ch	oyee volur inually, ar ary suppli in school b pharmacy 's name. nufacture th school nange in n	nteers.  d whenever the es, medications, y an adult*. container and la 's container and staff on a need- ny student's hea	re is a dosage chang and equipment. abel, with the child' labeled with the ch to-know basis. Ith status, care or m	s name, nild's nedication
Parent Signature:			Date:				
MEDICATION INFORMATION	ON						
If a request is being made seizure rescue medication, kept on file at the school.	, an additional specific fo	rm(s) will be	required	l, and mus	t be signed by tl	ne parent and physi	cian, and
medication, epinephrine a	uto-injectors, and diabet	es medication					
medication, epinephrine a  Name of Medication	uto-injectors, and diabet Indication/Diagnosis	es medication			medication can		
			ons. Šeizu	ire rescue	medication can	not be carried by a	student.
			ons. Šeizu	ire rescue	medication can	not be carried by a	student. # received
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	Indication/Diagnosis	Dosage	ons. Šeizu	ire rescue	medication can	not be carried by a	student. # received
Name of Medication	Indication/Diagnosis	Dosage	Route	Time	medication can	not be carried by a	student. # received
Name of Medication  If PRN, describe symptoms  Medication will be kept:  SIGNATURE: This form must	Indication/Diagnosis  requiring administration  In the office	Dosage  n:  Student care be valid and	Route	Time  Time	medication can	not be carried by a Effects	# received by school
Name of Medication  If PRN, describe symptoms  Medication will be kept:  SIGNATURE: This form must Physician's Assistant or a pro	Indication/Diagnosis  requiring administration  In the office  the signed by prescriber to vider with prescriptive practice.	Dosage  n:  Student care be valid and etice.	Route  ries*  can only b	Time  Time  Other: e signed by	medication can Side	e Practitioner, Certific	# received by school
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<sup>\*</sup>Student may carry some medication in certain circumstances. This applies to asthma medication, epinephrine auto-injectors, and diabetes medications, and ONLY after supplemental forms are completed and turned in to the school.