PHYSICIAN'S AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL

Re:		DOB		
This student hashave been prescribed been trained in the us	I for treating and prev	enting emergencies.	g medications This student has	
Medication	Dose	Route	Time	
		,		
Please notify the pare	nts, if these do not re	lieve the students' pro	oblems.	
Daytime phone number	ər			
Evening phone				
If you have any questi numbers. carry the medic	This student posse	ase phone me at the a esses enough skill an der the general super	d maturity to	
personnel and	This student's med administered only with	dication must be kept n detailed and specific	by school supervision.	
Adverse effect that sho Potential for abuse or Comments:	addiction:	,		
	ase print)	•		
Parent's Signature: Date:		,		