SCHOOL MEDICATION / PROCEDURE FORM

STUDENT INFORMATION	N:		
Student's Name	Date of Birth	School	РНОТО ID
Medication/Procedure	Dosage	Time/Frequency	(Optional)
School Year or Effective Dates	Student's Practitioner		
Reason for Medication/Procede	ure		
Note: For prescription medication: Sig For non-prescription medication:	ned Parent Consent and signed Practitions Signed Parent Consent required.	ner's Order required.	
PARENT CONSENT: Conschool's handbook for specific info			school (Please review your
I request that this medication/		-	
Medication will be supplied in	ı its original, properly labeled	container.	
This order is in effect for this .	school year unless otherwise i	ndicated.	
I will notify the school in write	ing for any changes and obtain	n a new practitioner's ord	der.
I authorize school personnel to regarding this medication or t	e v		child's practitioner
I release the school district from procedure as directed.	om any liability claims as a re	sult of the administration	of this medication or
Date	Parent/Guardian Signature	$\overline{\mathrm{T}\epsilon}$	elephone#
PRACTITIONER'S ORDER school. The above medication above instructions. Please contact me if the follow	procedure is to be administer	ed during the school day	in accordance with the
Additional information:			
	:—Student may carry inhale uto Injectors—Student may		Yes No Yes No
Date	Practitioner's Signature		Selephone #