The Little School est.1959
WHERE BIG FUTURES BEGIN

AUTHORIZATION TO ADMINISTER ORAL MEDICATIONS

STUDENT INFORMATION

Student's Name:
Birthday:
Gender:

LICENSED HEALTHCARE PROFESSIONAL AUTHORIZATION

This portion to be completed by a Licensed Health Professional prescribing the medication within the scope of their prescriptive authority. If a sample, it must be labeled with student name, dosage and time to be given.

Name of LHP: ____ Phone: ____________________________

________________________________	___________	_______________________	________________
Name of Medication	*Dosage*	*Method of Administration*	*Time of Day*
________________________________	___________	_______________________	________________
Name of Medication	*Dosage*	*Method of Administration*	*Time of Day*

Diagnosis or reason for medication(s):____
____
Possible side effects of medication(s): ____
____

If using an inhaler, specify the length of time between doses: __________________________________
Student can carry inhaler on his/her person: ❒ Yes ❒ No
Student is capable to self-administer medication: ❒ Yes ❒ No

I request and authorize the above named student be administered the above identified medication in accordance with the instruction indicated above from __________________ to __________________ (not to exceed the current school year.) There exists a valid health reason which makes administration of the medication advisable during school hours.

____ ______________________________________
LHP Signature *Date*

PARENT AUTHORIZATION

I request/authorize The Little School to administer the medication listed above in accordance with the Licensed Health Professional (LHP)'s instructions for the period from __________ to ___________ (not to exceed the current school year.) I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler: ❒ Yes ❒ No. Permission to self-administer medication: ❒ Yes ❒ No

____ ______________________________________
Custodial Parent/Guardian Signature *Date*

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