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**Physician Medication Authorization Form**

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

**Prescription Medication**

Date of order: \_\_\_\_\_\_\_\_\_\_\_ Discontinuation Date: \_\_\_\_\_\_\_\_\_\_\_

Diagnosis\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other medical conditions\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency/ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Please Note: Whenever possible, medication should be scheduled at times other than school hours.)***

Side effects, contraindications, possible adverse reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medications taken by student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent for self administration (provided school nurse determines it is safe and appropriate)

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Licensed Prescriber; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Prescription Medication**

Acetaminophen/ Tylenol Dosage\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_ Route of Administration\_\_\_\_\_\_\_\_\_

Ibuprofen/ Motrin/ Advil Dosage\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_ Route of Administration\_\_\_\_\_\_\_\_

Robitussin: Dosage \_\_\_\_\_\_\_\_Frequency \_\_\_\_\_\_\_\_ Route of Administration\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_ Route of Administration\_\_\_\_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If not in violation of confidentiality.