

Student Name: _____ Date of Birth: _____ Grade: _____

AOS92
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

School policy and Maine State Law mandates that no prescription or non-prescription medication that is needed on a regular basis shall be administered by school personnel unless written permission is obtained from the child's licensed provider.

All medications must be accompanied by this completed form.

All medications are to be brought to the health office by the parent/guardian in the original and labeled containers.

TO BE COMPLETED BY LICENSED PRESCRIBER

Diagnosis: _____

Medication: _____ Dosage: _____ Frequency: _____

Times - Schedule for School: _____ Duration: _____

Special precautions, contraindications and important adverse reactions

None Anticipated Yes, Please Describe _____

Self Administration of MDIS

This student has received instruction and can safely and appropriately self medicate and manage their asthma without supervision. Yes No

Prescriber's Name: _____

Signature: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for the school nurse, or unlicensed school personnel designated by the school nurse, to administer the above medication as directed by the licensed prescriber and according to standard school policy.

Parent/Guardian Signature: _____ Date: _____