

Community High School

AUTHORIZATION FOR SELF-ADMINISTRATION OR ASSISTED ADMINISTRATION OF MEDICATION FOR TREATMENT OF EPINEPHRINE VIA EPI-PEN FOR ANAPHYLAXIS

To be completed by the parent (please print or type):

Child's Name _____
Last First Date of Birth

Physician's Name Address Phone #

I request that my above named child, as authorized by the physician below, either be permitted to self-administer or be assisted in the administration of the medicines indicated below by authorized persons at Community High School. I understand and agree in making this request that neither Community High School nor its staff shall incur any liability as a result of any injury/reaction arising from the self-medication or assisted medication, and agree to indemnify and hold harmless the Community School and its employees or agents against any claims arising out of the administration of the medication. This permission is effective for the current school year.

Date Parent/Guardian Signature Home Phone Emergency Phone

The following must be completed by the Physician:

Diagnosis _____

Medication _____

Form _____ Dose _____

If given daily, what time? _____

If PRN _____

Describe indications _____

How soon may it be repeated? _____

List significant side effects _____

Length of time this treatment is recommended _____

Is child authorized to self-medicate? _____

Other information _____

Date _____

Physician's Signature _____
Physician's Stamp

VERIFICATION OF QUANTITY
OF PRESCRIPTION MEDICATIONS

To: School Nurse, Community High School

From: _____
Parent Name

Student Name: _____

THIS FORM MUST ACCOMPANY ALL MEDICATIONS/PRESCRIPTIONS

I am providing the school with the following medications and quantities to be administered at the school to be brought to the school by a responsible adult or sent to Community High School by mail, U.P.S. or some other carrier. No students can transport medications to or from school. All proper authorization forms have previously been sent.

<u>Prescriptions/ Medication Names</u>	<u>Quantities Sent</u>	<u>Date Sent</u>	<u>Parent Instructions</u>

Signed: _____
Parent