



Physician's Authorization for Prescription Medication at School

Valid for school year _____

Form must be renewed with each school year and when any changes are made to medications

Student's Name: _____ Date of Birth: _____

Parent(s): _____ Phone: _____ Cell: _____

Specify medication type: Daily Emergency As Needed (PRN)

Medication #1 _____ Dosage: _____ Route: _____

Form of medication (circle): Pill/Capsule Liquid Inhaler Nebulizer Injection Topical Drops

Time to be given at school: _____ Potential side effects: _____

If PRN, frequency: _____ ***If PRN or Emergency use** (please list symptoms present to indicate administration of medication): _____

Specify medication type: Daily Emergency As Needed (PRN)

Medication #2 _____ Dosage: _____ Route: _____

Form of medication (circle): Pill/Capsule Liquid Inhaler Nebulizer Injection Topical Drops

Time to be given at school: _____ Potential side effects: _____

If PRN, frequency: _____ ***If PRN or Emergency use** (please list symptoms present to indicate administration of medication): _____

Specify medication type: Daily Emergency As Needed (PRN)

Medication #3 _____ Dosage: _____ Route: _____

Form of medication (circle): Pill/Capsule Liquid Inhaler Nebulizer Injection Topical Drops

Time to be given at school: _____ Potential side effects: _____

If PRN, frequency: _____ ***If PRN or Emergency use** (please list symptoms present to indicate administration of medication): _____

Physician's Name (Print)

Physician's Signature

Date

**PARENT'S PERMISSION
*MEDICATION MUST BE IN ORIGINAL CONTAINER***

I hereby request that my child (named above) receive medication during school hours per the physician's order and the Holly Area Schools (HAS) medication policy. I will not hold the HAS Board of Education or its personnel responsible for complications related to the medication. I understand that my child's name may appear on a list with other students to better identify their needs. Permission to administer medication expires at the end of the school year.

Parent Signature

Date

*Holly Area Schools do not have medical personnel present to administer medication / treatment.
If appropriate, please order medication / treatment to be administered at home.*



Holly Area Schools