



AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

STUDENT NAME: _____ BIRTH DATE: _____ GRADE: _____

Name of Medication	Dosage	Methods of Administration	Time to be Taken
_____	_____	_____	_____
_____	_____	_____	_____

Diagnosis (reason for medication): _____

If given PRN (as needed), specify the length between doses: _____

Inhalers: _____

(Indicate if student must carry on their person)

Student is capable to self-administer medication: _____ Yes _____ No

Possible side effects of medication: _____

Emergency Procedure in case of side effects: _____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from:

_____ To _____ (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Please note: Over the counter medications must be in their original containers and prescription medications must be in the original prescribed container.

Date of Signature

Parent/Guardian Signature

Form may be faxed to 503-399-7214

6974 Bates Road S.
Salem, OR 97306

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T: (503) 399-9020
F: (503) 399-7214



MEDICATION INSTRUCTION

1. Written Instructions

1.1. In order for **non-prescription** medication to be administered, the parent or other person in parental relationship must complete a consent form and provide written instructions for the administration of a non-prescription medication in a student which shall include:

1.1.1. The name of the student.

1.1.2. Name of the medication.

1.1.3. Dosage (manufacturers recommended dosage must be included).

1.1.4. Route.

1.1.5. Frequency of administration.

1.1.6. Other necessary special instructions (purpose for medication; symptom specific).

1.1.7. Signature of the parent or guardian.

1.2. In order for **prescription** medication to be administered, the parent or other person in parental relationship must complete a consent form. *A properly labeled prescription container bearing the physician's name can be accepted in lieu of the physician's signature.* The instructions for the administration of a prescription medication to a student shall be in written form, signed by a physician and shall include:

1.2.1. The name of the student.

1.2.2. Name of the medication.

1.2.3. Dosage.

1.2.4. Route.

1.2.5. Frequency of medication.

1.2.6. Any special administration instructions necessary.