PLAINEDGĘ UFSD Permission to Administer Medication/s in School

	ne:	D	OR:		Age:	
Grade: Teacher/Hi Home address:		R:	•		Age: School:	
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Parent home	e phone:			_Parent c	ell phone:	
Parent work	phone:					
	·					
	Ţ	io Be Compl	eted By H	lealth Ca	re Provider	
Diagnoses _						
	ication Name					
IVIEU	ication Name	Dose	Route	Time		able boxes below
					□ AM	
					□Self-Directed	
			'		□ AM	☐ Bus ☐ FT ☐ SS
					□Self-Directed	☐ Self Admin-Self Carr
					□ AM_	
			<u> </u>	<u></u>	☐Self-Directed	☐ Self Admin-Self Car
	Prescribe	er nlossa usa <i>c</i>	odes helev	. for oach	medication order	
AM	Nurse may adminis	er missed morni	ne dose indica	ted after w	medication orger	'ea:
	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication					
Bus	Medication must be available on bus					
FT	Medication is needed on field trips					
SSA Self-	Medication is needed school sponsored extra-curricular activities					
Directed	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and					
	refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of					
	the medication inde	pendently.				
Self-	I have determined this student is consistent and responsible in taking their own medications (Self-Directed)					
	and in addition, give them permission to self-carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.					
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Self-Carry				2-4-		
Self-Carry rescriber's S	Signature				Phon	e
Self-Carry rescriber's S		st be placed in	this area	Date	Phon	e
Self-Carry rescriber's S	Signature	st be placed in	this area	_Date _	Phon	ie
Self-Carry Prescriber's S	Signature	**************************************	· ·.			
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