ACCEPT
Education Collaborative

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PHYSICIAN's MEDICATION AUTHORIZATION AND ADMINISTRATION PLAN 2016-2017 SCHOOL YEAR

All students receiving medication at school require **a Medication Authorization and Administration Plan** from the prescribing physician. Prescription and non-prescription medications, not included in ACCEPT's standing orders, can only be administered when the **Physician's Medication Authorization** is completed and on file with the ACCEPT Nurse Leader. The ACCEPT Nurse Leader will provide the plan to the school nurse at your child's school. Medication must be in a pharmacy labeled container and taken under the supervision of the school nurse. **Students are not allowed to transport any medication.**

DOCTOR'S MEDICATION ORDER: Valid for the school year 2016-2017 (includes 2016 Summer Program)

Student: _____ D.O.B_____

Diagnosis/Medical Condition: _____ Food/Drug Allergies_____

	Medication	Dose	Route	Time (to be given)	Reason for Medication
1.					
2.					
3.					
4.					

Please attach additional sheet if needed

Possible side effects, adverse reactions:

_____

Other medications (taken at home): dosage and reason for medication

Medication _____Dose_____

Medication_____ Dose_____

Medication_____ Dose_____

_____

Doctor's Name (please print) **Telephone** **Fax**

_____

Doctor's Signature **Date Ordered**

I give permission for the school nurse to administer the medications listed above to my child.

□ **YES** □ **NO**

I request that my child receive his/her medication at school prior to dismissal on early release days.

□ **YES** □ **NO**

_____

Parent's Signature **Date**

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