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I am the livingbread that came down from heaven. If anyone eats this bread he will live forever

St. Patrick School

Vision and Values

AUTHORIZATION TO ADMINISTER MEDICATION

Student Name:_____ **DOB:**_____

Grade:_____ **Team:**_____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Diagnosis:_____

Medication:_____ Dose:_____ Route:_____ Times:_____

Recommendations: _____ ICD Code:_____

All medication should be given as close to the prescribed time as possible, however, may be given up to one hour before and no later than one hour after the prescribed time. Please advise the school if there is a time-specific concern regarding administration of the medication.

Prescriber please check all that are applicable:

- € I assess this student to be **self-directed*** regarding this 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 independently.
- € 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.

Name and Title of Licensed Prescriber:_____

NPI #_____ License #_____

Prescriber's Signature_____ Date_____ Phone_____

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Parent/Guardian Signature_____ Date_____

Additional Permission for Self-Administer/Self-Carry (Requires Health Care Provider Consent Above)

Parent/Guardian permission and provider consent is required for students to self-administer and self-carry medication.

Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents/Guardians assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/self-administer privilege if the student proves to be irresponsible or incapable. To request this option, please sign below.

Parent/Guardian Signature_____ Date_____ Phone_____