PHYSICIAN AUTHORIZATION AND PARENTAL REQUEST FOR ALL MEDICATIONS

Student's Name	Grade or Homeroom Date of Bt	•
TO BE COMPLETE	Date of Bit Day PHYSICIAN OR AUTHORIZED PRESCRIBE	rth 10
Diagnosis/Reason for medication:		**
	capsuleliquidinhalerinjectionother:	•
Special Storage Requirement	ts:refrigeratenoneother:	•
Start date: Stop Da	rite:end of school yearother/duration	
	for episodic/emergency events only	•
nstructions (schedule and dosage to I	be given)	
lestrictions/side effects	·	
	rted to the physician	
The second secon	rted to the physician	
flay student carry the Epipen or Rescu	IT COSC TOT Produce company	this
flay student carry the Epipen or Rescu rocedure to follow in event medication	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) to Inhaler?yesno	this
flay student carry the Epipen or Rescu rocedure to follow in event medication	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) to Inhaler?yesno	this
flay student carry the Epipen or Rescu rocedure to follow in event medicational elief	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) te inhaler?yesno on does not produce expected	this
hay student carry the Epipen or Rescurocedure to follow in event medicationalief Date:	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) are Inhaler?yesno on does not produce expected Signature:Authorized prescriber	this
Nay student carry the Epipen or Rescu rocedure to follow in event medicational elief	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) et inhaler?yesno on does not produce expected	this
hay student carry the Epipen or Rescu rocedure to follow in event medicational elief	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) re inhaler?yesno on does not produce expected Signature:Authorized prescriber	this
hay student carry the Epipen or Rescu rocedure to follow in event medicational elief	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) et inhaler?yesno on does not produce expected	this
hay student carry the Epipen or Rescurocedure to follow in event medicationalief Date: hysician's name printed: ddress: hone number:	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) elinhaler?yesno on does not produce expected Signature: Authorized prescriber Emergency number:	this
hay student carry the Epipen or Rescurocedure to follow in event medicationalief Date: hysician's name printed: ddress: hone number:	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) no included in the image of the im	
Nay student carry the Epipen or Rescurocedure to follow in event medication elief Date: hysician's name printed: ddress: hone number: DBE COMPLETED BY PARE tive permission for my child, ips according to	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) no indeed in the inhaler?yesno no no does not produce expected Signature: Authorized prescriber Emergency number: ENT/GUARDIAN to receive the above medication at schools and schools are invented in the inhaler of the inhaler	
May student carry the Epipen or Rescul rocedure to follow in event medication elief Date: hysician's name printed: ddress: hone number: O BE COMPLETED BY PARE give permission for my child, ips according to I of its personnel are absolved from	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) no included in the inhaler?yesno no no does not produce expected Signature:Authorized prescriber Emergency number: ENT/GUARDIANto receive the above medication at school school policy. It is understood that	or field
May student carry the Epipen or Rescult rocedure to follow in event medication elief Date: hysician's name printed: ddress: hone number: O BE COMPLETED BY PARE give permission for my child, ips according to I of its personnel are absolved from instration of such medication	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) no indeed not produce expected Signature:Authorized prescriber Emergency number: ENT/GUARDIANto receive the above medication at school school policy. It is understood that many responsibility, which might be associated with the turndent and the medication might be associated with the turndent and the medication might be associated with the turndent and the medication might be associated with the turndent and the medication might be associated with the turndent and the medication might be associated with the turndent and the medication might be associated with the	or field
May student carry the Epipen or Rescular rocedure to follow in event medication elief Date: hysician's name printed: ddress: hone number: o BE COMPLETED BY PARE give permission for my child, ips according to of its personnel are absolved from Iministration of such medication.	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) no indeed not produce expected Signature:Authorized prescriber	or field
May student carry the Epipen or Rescult rocedure to follow in event medication elief Date: hysician's name printed: ddress: hone number: o BE COMPLETED BY PARE give permission for my child, ips according to I of its personnel are absolved from instration of such medication.	HALER, is student capable and responsible for self-administering (supervised)Yes (unsupervised) le Inhaler?yesno on does not produce expected Signature:Authorized prescriber Emergency number: ENT/GUARDIAN to receive the above medication at schoolSchool policy. It is understood that an any responsibility, which might be associated with the I understand the medication must be brought to school in it was dispensed from the pharmacist.	or field and its original