ALBUQUERQUE ACADEMY

PROVIDER MEDICATION ORDER AND AUTHORIZATION FORM

STUDENT'S NAME: _____DOB::_____ Grade:_____
Last First

HEALTH CARE PROVIDER'S ORDER AND STUDENT COMPETENCY STATEMENT:

1. I have examined this student for (diagnosis) _____ and have determined that he/she requires medication during school hours or during school-sponsored events.
2. Name of Medication: _____Dosage:_____
Route: _____ Time of administration:_____ Duration: _____
3. Special instructions regarding this medication:

_____

_____

4. Contact me if the following signs or symptoms develop:

_____

5. I authorize this student capable of carrying and administering their own medication independently and appropriately (***excluding controlled substances***). Please check:_____**YES**_____**NO**

_____

Licensed Prescriber's Signature **Date** **Telephone/Fax Number**

_____

Licensed Prescriber's Name (print)

PARENT/GUARDIAN STATEMENT (*CHECK ONE*)

- ☐ I request authorized personnel at my child's school assist them in taking the medication described above as ordered by their licensed provider. I, or a responsible adult, will be responsible for bringing the medication in its original container from the pharmacist or manufacturer. I agree to provide replacement medication as necessary and notify the school nurse immediately if there are any changes to the order or if it is to be discontinued. I understand that if my child refuses to take the medication, the medication will not be administered and the parent or guardian will be notified.
- ☐ I request that my child be allowed to self-carry and self-administer this medication. I agree that my child is competent to carry and administer their own medication according to their licensed provider's orders independently and appropriately. I agree that my child will carry the medication in its original container from the pharmacist or manufacturer only in the amount needed for the duration of the day or activity, and it will not be shared with other students.

_____

Parent/Guardian Signature **Date** **Telephone Number**

_____

Parent/Guardian Signature (print)