AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN COOPERATIVES

Student Name ______________________________________ Birthdate ___________________________

Program ____ Grade ______________________________

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THIS PORTION TO BE COMPLETED BY THE PRESCRIBING HEALTH CARE PROFESSIONAL

Name of Medication	Dosage	Methods of Administration	Time of Day to Be Taken
____________________________	___________	_______________________	_____________________

If given prn, specify the length of time between doses.

Inhalers: ____
Indicate if student must carry on his/her person

Student is capable of self-administration of medication _____Yes _____ No

Possible side effects of medication ____

Emergency procedure in case of serious side effects ____

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated above from _______________ to _______________ (not to exceed current year) as there exists a valid health reason which makes administration of the medication advisable during program hours.

____________________________________ ____

Date of Signature Prescribing Health Care Professional

Telephone Number: ____________________ Name: ____
(print or type)

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

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THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the NWESD 189 cooperative program to administer medication to the above-identified student in accordance with the prescribing health care professional's instructions for the period from _______________ to _______________ (not to exceed current year). I understand that every effort will be made by program staff to administer the medication in a timely manner.

Permission to carry inhaler _____Yes _____ No

Permission to self-administer medication _____Yes _____ No

____________________________________ ____

Date of Signature Parent/Guardian Signature

Telephone Number: _________________ (home) Telephone Number: _________________ (work)