RIVER VALLEY SCHOOL DISTRICT

MEDICATION REQUEST AND AUTHORIZATION FORM 5330

(A new request/authorization form must be submitted each school year or for each new medication.)

| Student: | Date of Birth: | Grade: |
|---|---|------------------------------|
| Physician's Name: | Phone #: | Fax #: |
| Address of Practice: | | |
| | | |
| ************ | | ********* |
| To be completed by the physician or authorized prescribe | er: | |
| Name of medication: Diagnos | | |
| Form of medication/treatment: Tablet/capsule Liqu | uid Inhaler Injection | Nebulizer Other |
| Instructions (Schedule and dose to be given at school): _ | | |
| Start medication on the date this form is received: | Other date: | |
| Stop medication at the end of the school year: | ther date/duration: | |
| Medication is for episodic/emergency events only (Asthn | na, bee stings, diabetes, etc) | If yes then |
| This student is both capable and responsible for | self-administering this episodic/e | mergency medication: |
| Yes-supervised Yes – unsupervised | □ No □ | |
| This student may self-possess this episodic/emer | rgency medication: Yes | No |
| Restrictions and/or important side effects: | | |
| None anticipated: | | |
| Special storage requirement: None Refrigerate | | |
| Please indicate if you have provided additional informati | on: as an attachment: | |
| Physician Signature: | Date: | |
| | | |
| | | |
| To be completed by Parent/Guardian: | | |
| The parent is to notify the school in writing if the medica | tion, dosage, schedule or procedu | re is changed or eliminated. |
| A new request/authorization form must be submitted e | | _ |
| I request that (name of child) | receive the above medication at school. | |
| I request that (name of child) | be allowed to self-possess the above medication (Emergency Meds Only) | |
| I request that (name of child) | be allowed to self-administer the above emergency medication. (in the presence of two authorized staff members) | |
| Parent/Guardian Signature: | Relationship: | Date: |
| | | |
| Date form received by school personnel: | | |