CENTRAL CONSOLIDATED SCHOOL DISTRICT

PROVIDER ORDER / MEDICATION AUTHORIZATION FORM

Student Name:_____DOB:_____
School: _____Grade/Teacher:_____

PROVIDER ORDER (Please complete every item in this section) Date: _____

1. I have examined this student for (diagnosis) _____ and have determined that he/she ***requires*** medication during school hours. ICD-10 code(s) _____ _____(*required for Medicaid purposes*)
2. Name of Medication: _____ Dosage: _____
Route: _____ Time of administration: _____ Duration: _____
3. Special instructions regarding this medication:_____
_____
4. Medication Allergies: _____
5. Contact me if the following signs or symptoms develop: _____

Options for Administration (select one or more):

- ☐ ***Student may self-administer under direct supervision of a designated, trained staff person.***
- ☐ ***Student may self-administer and self-carry medication without supervision.***
- ☐ ***Administration by nurse or trained staff person.***

Healthcare Provider Signature: _____ Printed Name:_____
Phone: _____ Fax: _____ Email: _____

PARENT/GUARDIAN STATEMENT: (This document is in effect for the current school year only)

1. I, the undersigned parent/guardian of the above named student, hereby request the school nurse or designee administer the above medication according to the healthcare provider's instructions (above).

2. I agree to furnish the necessary prescribed medication in the properly labeled container, to provide replacement medication as necessary and to notify the school nurse immediately if the provider or medication prescription is changed or discounted.

3. I understand, all medications must be personally checked in and out by a parent/guardian in the health office. Under no circumstances may medications be transported by students.

4. I authorize, as needed, the sharing of information related to my child's health between the school nurse (and designee) and the healthcare provider listed on this form. I understand without this authorization to communicate these orders will not be implemented.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____Alternate Phone: _____