## **Guthrie Public Schools**

## Medication Authorization

	DOB:	Grade:
School:	Teacher:	
It is the policy of Guthrie Public Schools the administered by school staff with written the child's physician. The medication must of medication, dosage, and time to be tak completed and returned to the school print The school will not allow a child to take m	authorization of the child's legal custodian at be in the original container with proper en. The Guthrie Public School Medication ncipal/designee. A new form must be com	and written instructions f labeling: name of child, na Authorization form must l apleted for each medicatio
TO BE COMPLETED BY PHYSICIAN OR	AUTHORIZED PRESCRIBER	
Name of Medication:		
Dosage/amount to be given:	Time to be given:	<u></u>
Duration: (week, month, indefinite	e, etc.)	•··
Possible side effects:		
Physician's Signature	Physician's Name (Pr	rinted) Date
Phone	Fax	
Parent/Guardian Signature		Date
COMPLETE THE SECTION BELOW ONL MEDICIATION TO BE CARRIED BY THE	CHILD	AXIS OR DIABETES
COMPLETE THE SECTION BELOW ONL MEDICIATION TO BE CARRIED BY THE SELF-ADMINISTRATION OF ASTHMA,	CHILD ANAPHYLAXIS AND DIABETES MEDIC	AXIS OR DIABETES
COMPLETE THE SECTION BELOW ONL MEDICIATION TO BE CARRIED BY THE SELF-ADMINISTRATION OF ASTHMA, * TO BE COMPLETED BY P	CHILD ANAPHYLAXIS AND DIABETES MEDIC HYSICIAN OR AUTHORIZED PRESCRIB	AXIS OR DIABETES ATION ONLY ER:
COMPLETE THE SECTION BELOW ONLY MEDICIATION TO BE CARRIED BY THE SELF-ADMINISTRATION OF ASTHMA, * TO BE COMPLETED BY P This child is both capable and response	CHILD ANAPHYLAXIS AND DIABETES MEDIC HYSICIAN OR AUTHORIZED PRESCRIB onsible for self-administering the m	AXIS OR DIABETES ATION ONLY ER: nedication: □No □1
COMPLETE THE SECTION BELOW ONLY MEDICIATION TO BE CARRIED BY THE SELF-ADMINISTRATION OF ASTHMA, TO BE COMPLETED BY P This child is both capable and respondent This child may carry this medication	CHILD ANAPHYLAXIS AND DIABETES MEDIC HYSICIAN OR AUTHORIZED PRESCRIB onsible for self-administering the m n on his/her person:	AXIS OR DIABETES ATION ONLY ER: nedication:  No  Yes
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