

ALLERGY OR ASTHMA MEDICATION AUTHORIZATION

*****This form must be signed by physician AND parent/guardian.*****

Student Name: _____ **Date of Birth:** _____
Last First Nickname

ALL ASTHMA OR ALLERGY MEDICATION MUST INCLUDE A PHYSICIAN ALLERGY ACTION PLAN.

TO BE COMPLETED BY THE PHYSICIAN	PRESCRIPTION MEDICATION TO BE ADMINISTERED AT SCHOOL		
	Medication Name	Dosage	Time & Frequency
	Specific Instructions:		
	Common Side Effects:		
<p>For Asthma Medication and Epinephrine Auto-injector: The above-named student may carry and self-administer his/her inhaler and/or epinephrine auto-injector. I certify that he/she has been properly instructed in its use. (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

PHYSICIAN AUTHORIZATION	Physician Name: <small>(please print)</small>	
	Address:	
	Phone Number:	
	Physician Signature:	
	Date:	___/___/___

PARENT / GUARDIAN AUTHORIZATION	<p>I hereby request and grant permission for NewHope Academy personnel to administer medication to my daughter/son according to the instructions from the physician given above. I understand that administration by school personnel may be performed by an individual other than a certificated and/or registered nurse, and I specifically consent to this. I further waive any claims against NewHope, its staff, and agents arising out of the administration or self-administration of said medication, and agree to hold harmless and indemnify NewHope, its staff and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes or action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration or self-administration of medication.</p>	
	<p>_____</p> <p>Parent/Legal Guardian (Signature)</p>	<p>___/___/___</p> <p>Date</p>
	<p>_____</p> <p>Daytime Phone Number</p>	
<p>For Asthma Medication and Epinephrine Auto-injector: I give permission for my child to carry his/her inhaler and/or epinephrine auto-injector and be responsible in its use, provided the doctor gives consent for the same. (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Medications are administered following these guidelines:

- Physician/Prescriber signed/dated authorization to administer medication.
- Parent signed/dated authorization to administer medication.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, and directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.