



Special Services Center

# Authorization for Medicine to be Given in School

School: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Time: \_\_\_\_\_ Amount: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

NOTE: RN may take phone orders from physicians,  
so a signature is not always required.

Signed \_\_\_\_\_  
(Parent)

Signed \_\_\_\_\_  
(Physician)