



**Authorization for Medicine
to be Given in School**

Student: _____ DOB: _____

School: _____ 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)

WH #3620



**Authorization for Medicine
to be Given in School**

Student: _____ DOB: _____

School: _____ 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)

WH #3620