

## Physician/Provider Medication Order Form Parent Request/Permission Form to Administer Medication

	udent:_				DOB:		hool Year 20	- 20
CLASSICAL ACADEMY Date Challenge Foundation ** Academy	ite of R	x(s):_			Rx D/C Date	e:		
Medication Nam Provider Please "X" the emp Medication Name boxes		Route	Frequency & Time	Scheduled, PRN or Emergency	Can student self-administer? If yes, give instructions	Treatment for what condition?	Intended Effects	Possible side Effects
1				<u> </u>	yes no			
2					yes no			
3					yes no			
4					yes no			
5					yes no			
ASTHMA & .			•	ies <b>inhale</b>	r on his/her nerson while	in school?	ves no	
Severity of <b>asthm</b> Severity of <b>allerg</b> Should an addition Additional instru	a necess y necess onal Epi	sitates s sitates s pen be	student carr student carr kept in Nu	ies <b>Epi Pe</b>	r on his/her person while n on his/her person while e?	e in school?	yes no yes no yes no	
Severity of <b>asthn</b> Severity of <b>allerg</b>	a necess y necess nal Epi ctions fro	sitates s sitates s pen be	student carr student carr kept in Nu	ies <b>Epi Pe</b> rse's office	<b>n</b> on his/her person while	e in school?	yes no	
Severity of asthm Severity of allerg Should an addition Additional instru	a necess y necess nal Epi ctions fro	sitates s sitates s pen be	student carr student carr kept in Nu	ies <b>Epi Pe</b> rse's office	n on his/her person while?	e in school?	yes no	
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Severity of asthm Severity of allerg Should an additional instructional instructional instructions of Parent or Guardian instruction of listed mediate Parent/Guardian signature  Parental Waiver of	a necess y necess nal Epi ctions fro dian for lication(s):	sitates s sitates s pen be om pro	student carr student carr kept in Nur vider:	Form Phys Date	n on his/her person while e?	e in school?	yes no yes no  Printed Name  Physician phon  Fax #	
Severity of asthm Severity of allerg Should an additional instructional instructional instructional instructions of Parent or Guardian instruction of listed medication of listed medication is administed and inedication. In addition	a necess y necess onal Epi j ctions fro dian for lication(s):  Liability: that I am p its employered, I waive I agree to l	sitates sitates sitates sitates sitates some properties of the pro	responsible for minister to my ims I might have better to my ims I might have been and inden	Form Phys Phys administering child the above against Excensive Excelsion	n on his/her person while e?	er, in my absence owledge and a employees arisi loyees, either jo	Printed Name  Physician phon  Fax #  ee, I hereby authorize gree that when the along out of the admin	e Excelsior bove istration of said
Severity of asthm Severity of allerg Should an additional instructional instructional instructional instructions of Parent or Guardian instruction of listed medication of listed medication is administed and inedication. In addition	a necess y necess onal Epi ctions fro dian for lication(s):  Liability: that I am p its employe red, I waive I agree to l ages, cause	sitates sitates sitates sitates sitates some properties of the pro	responsible for minister to my ims I might have better to my ims I might have been and inden	Form Phys Date administering child the above against Exceurred or resu	n on his/her person while e?	er, in my absence nowledge and agemployees arisi loyees, either journal and medication.	Printed Name  Physician phon  Fax #  ee, I hereby authorize gree that when the along out of the admin	e Excelsior bove istration of said