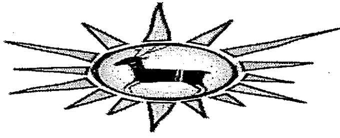

DEER VALLEY
Unified School District

*To be completed and signed by Physician

Medical Authorization to Administer Medication or Dietary Supplement to Student and Authorization for Release of Health Information

Health Care Provider Order for School to Administer Medication (prescribed) or Dietary Supplement.

I request the following student be given medication at school because I believe there exists a valid health reason which necessitates medication administration during the school day.

This Order Good for School Year: ________________

Student Name ______________________ **Birthdate** ______________________

Medication #1 ______________________ **Time to be administered at school** ______________________

Condition being treated (Include ICD 10 Code) ______________________ **Dosage and mode of administration.** ______________________

Side Effect to be expected, if any. (What emergency measures should be taken if this occurs?) ______________________

Medication #2 ______________________ **Time to be administered at school** ______________________

Condition being treated (Include ICD 10 Code) ______________________ **Dosage and mode of administration.** ______________________

Side Effect to be expected, if any. (What emergency measures should be taken if this occurs?) ______________________

Other medications the School should be aware of. ______________________

* **Health Care Provider Name (Printed)** ______________________ * **Health Care Provider Signature** ______________________

Address ______________________ **Date** ______________________

Telephone ______________ **Fax** ______________ **Email** ______________

Parent agrees that the school nurse may contact physician with questions regarding the above medication and possible side effects as needed and the exchange of medically necessary information between both Health Care professionals.

Parent Signature and Printed Name ______________________ **Date** ______________

School Nurse | **Phone No.** | **Fax No.** |

School Nurse Signature ______________________ **Date** ______________

02/25/22 jd