

**STUDENT INFORMATION**

Student's Name: _____

School: _____

Date of Birth: ____/____/____ Age: _____

Grade: _____ Teacher: _____

☐ No known drug allergies---if drug allergies list: _____

Weight: _____ pounds

PRESCRIBER AUTHORIZATION (To be completed by licensed healthcare provider)

Medication Name: _____

Dosage: _____ Route: _____

Frequency/Time(s) to be given: _____

Start Date: ____/____/____ Stop Date: ____/____/____

Reason for taking medication: _____

Potential side effects/contraindications/adverse reactions: _____

Treatment order in the event of an adverse reaction: _____

SPECIAL INSTRUCTIONS:Is the medication a controlled substance? Yes ☐ No ☐Is self- medication permitted and recommended? Yes ☐ No ☐

If "yes" I hereby affirm this student has been instructed

On proper self-administration of the prescribe medication.

Do you recommend this medication be kept "on person" by student? Yes ☐ No ☐

Printed Name of Licensed Healthcare Provider: _____ Phone: () _____ - _____ Fax: _____ - _____

Signature of Licensed Healthcare Provider: _____ Date: _____

PARENT AUTHORIZATION

I authorize the University of Alabama in Huntsville Early Learning Center Administration to administer or to delegate to school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the University of Alabama in Huntsville Early Learning Center Administration to talk with the prescriber or pharmacist should a question come up with the medication.

Prescription Medication must be registered with University of Alabama in Huntsville Early Learning Center

Administration or delegated school personnel. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

Over the Counter Medication must be registered with the University of Alabama in Huntsville Early Learning Center

Administration or delegated school personnel, OTC's in the original, unopened and sealed container. Alabama DHR Policy for OTC medication will be followed.

Parent's/Guardian's Signature: _____ Date: ____/____/____ Phone: () _____ - _____