Kenai Peninsula Borough School District Health Services					E 5141.21(a)	
MEDICATION AUTHORIZATION: Prescription Short Term				Stud	dent	
	· •			Pho	to Here	
SCHOOL				<u> </u>		
SCHOOL		DIKTHUA	\    E			
<b>Note:</b> Prescription Medica healthcare provider, pharm	_	nal container indicating the escription number.	following informa	ation: student na	ame, dosage,	
		PARENT STATEMENT:				
<ul> <li>condition</li> <li>I understand that only of a understand that in the lagree to defend and had manner, in which it is a out of these arrangeme</li> <li>I give permission for the lagree or pharmacist</li> </ul>	current medications will be absence of the school null old the school district emdinistered, and to defer ents.  e school nurse to contact immediately if the medications are serious medications.	urse, other trained school staployees harmless from any land and indemnify the school the health care provider regration is changed and under	aff will administer iability for the res district and its emarding this treatmetand that the nu	the medication. ults of the medication uployees for any nent. rse may contact	cation or the liability arising the health care	
Medication		DoseI				
Prescription #		Begin Da				
Healthcare Provider		Phone/C	ontact Info			
Storage instructions						
Possible Side Effects					_	
As parent/guardian of the my child.	e above named student	t, I request the Kenai Peni	nsula Borough S	chool District to	o give medication t	
Parent/Guardian Signati	ıre	<u>-</u>	DATE	I IIVIE	INITIALS	
<b>,,</b>						
DateF	hone	_				
□Approved or □Denied						
School Nurse Signature		-				
<b>3</b>						
Phone	Fax	_	Name/Initials			
			Name/Initials			
			Name/Initials			