

**Heldeberg Workshop – 2020 Season**

**Parent and Physician's Authorization for Administration of Medication**

All medications, prescription as well as over the counter medications must have physician orders for medication to be present/given at the Workshop.

**To be completed by parent or guardian:**

**I request that my child \_\_\_\_\_ Age \_\_\_\_\_ receive the medication prescribed below by my child's physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy.**

Home Telephone: \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**To be completed by physician:**

I request that my patient as listed below, receive the following medication(s):

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Reason for medication \_\_\_\_\_

<b>MEDICATION</b>	<b>DOSAGE/ROUTE</b>	<b>FREQUENCY/TIME</b>

Duration of Treatment: \_\_\_\_\_

Possible Side Effects or Adverse Reactions (if any): \_\_\_\_\_

Physician: Please check box below and initial on right for self-directed permission: \_\_\_\_\_

This child is considered to be self-directed and may carry and self-administer this medication.

Physicians Printed Name or Stamp: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication must be in the original pharmacy labeled container with specific orders and name of medication. We cannot accept school orders that expire in June.