Alabama School of Fine Arts MEDICATION PRESCRIBER - PARENT AUTHORIZATION You can fill this form out online and print it

Student's Name		_ Sex	_ Birth Date	Grade
Height (inches) Wei	ght (lbs)			
3 (3 3)	<i>y</i> · (· · ·)			
List any known drug allergies – reactions				
PRES	CRIBER AUTHORIZATIO	N		
Name of Medication Reason for Taking				
Dosage Route F	requency (or times)			
Begin Medication (date)	Stop Medication (da	ite)		
Curatial Instructions				
Special Instructions: Does medication require refrigeration?			Yes□I	No 🗆
. 3			Yes □ I	<u> </u>
Is the medication a controlled substance? Is self-medication permitted and recommended fo	r this student?		Yes □ I	· · · · · ·
is self-medication permitted and recommended to	r this student?		1 es 🗀 i	NO 🗀
I hereby affirm that this student has been instr	ucted in the proper self-a	dminist		
medication(s).			Yes 🔲 I	No 🗌
If asthma inhaler or emergency medication, do	you recommend this me	dication	· —	— '
student?			Yes ∐ I	No 🗌
Potential Side Effects/Contraindications/Adver	rea Basetione			
Fotential Side Effects/Contraindications/Adver	se reactions			
Treatment Order in the event of an adverse rea	iction:			
	(Attach additional she	et or use	the back of this	form if necessary)
	(Attach additional she	et or use	the back of this	form if necessary)
Signature of Prescriber	(Attach additional she		the back of this t	form if necessary) Fax
Signature of Prescriber	· 			
	Date			
	· 			
	Date RENT AUTHORIZATION	Pho	one	Fax
PA I authorize the School Nurse, the registered nurse school personnel the task of assisting my chil	RENT AUTHORIZATION (RN) or licensed practical d in taking the above med	Pho nurse (L dication	PN) to delegate	Fax to unlicensed t additional parent
PA I authorize the School Nurse, the registered nurse school personnel the task of assisting my chil - prescriber signed statements will be necessary in	RENT AUTHORIZATION (RN) or licensed practical d in taking the above mediation	Pho nurse (L dication is chang	PN) to delegate I understand tha ed. I also authori	Fax to unlicensed t additional parent
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