

Prescriber and parent/guardian names, signature and emergency phone numbers are required.

Prescriber name: _____ Phone: _____

Prescriber Signature: _____ Date: _____

Parent/Guardian name: _____ Phone: _____

Phone: _____

Parent/Guardian Signature: _____ Date: _____

Other Emergency Contact Name: _____ Phone: _____

Parent/Guardian (or student if eighteen (18) years of age or older) must acknowledge one (1) of the following (please initial):

_____ The principal or school nurse has been provided with a backup dose of students medication:

Yes: _____ No: _____

Principal or school nurse must acknowledge one of the following: (please initial)

_____ I have received a backup dose of student's medication: Yes: _____ No: _____

Copies must be provided to the school nurse and principal.