ALABAMA STATE DEPARTMENT OF EDUCATION

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION School Year: ____

800 g					
tudent's Name:					
Age:	Grade:		Teacher:		
No known drug allergiesif drug allergies list:			Weight:		_pounds
PRESCRIBER AUTHORIZATION (To B					
Aedication Name:	Dosage	:	, ,	_Route: _	Date://
requency/Time(s) to be given:	Start L	rate: _	_''_	_ 5.00 1	Jacc
teason for taking medication:	_			40	
otential side effects/contraindications/adverse reactions:					
reatment order in the event of an adverse reaction:		-			
SPECIAL INSTRUCTIONS:	Yes		No		
s the medication a controlled substance?	Yes		No		
s self- medication permitted and recommended?	113				
If "yes" I hereby affirm this student has been instructed					
On proper self-administration of the prescribe medication.	Yes		No		
Do you recommend this medication be kept "on person" by student?	Yes		No		
Emergency Drug required during Bus Transportation	Vas	П	No		
Cake Icing Gel <u>ONLY</u> for Diabetic Student during Bus Transportation Printed Name of Licensed Healthcare Provider:P	hone: ()		Fax:	
Signature of Licensed Healthcare Provider:		,	Da	te•	
Tots 'N' Teens Pediatrics					
Tots 'N' Teens Pediatrics					
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham Al 35235 PARENT AUTHORIZA	ATION				
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 PARENT AUTHORIZA (DD) at licensed practical in	ATION	I) to ad	lminister or	to delega	ate to unlicense
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 PARENT AUTHORIZA authorize the School Nurse, the registered nurse (RN) or licensed practical nurse in the school Nurse, the registered nurse in the school nurse medication	ATION urse (LPN	I) to ad	lminister or	to delega	ate to unlicense
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 authorize the School Nurse, the registered nurse (RN) or licensed practical nurse chool personnel the task of assisting my child in taking the above medication school personnel that the little advantagements will be	urse (LPN in accordance isary	I) to ad	lminister or vith the adm dosage of n	to delega inistrativ	ate to unlicense re code practice n is changed.
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 PARENT AUTHORIZA authorize the School Nurse, the registered nurse (RN) or licensed practical nuschool personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be rules. I understand that additional parent/prescriber signed statements will be	urse (LPN in accordance sary	I) to addance we if the	lminister or vith the adm dosage of n	to delega inistrativ nedication	ate to unlicense re code practice n is changed.
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (school personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained the properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be properly labeled with student's name, prescriber's name, name of medication must be prescriber.	urse (LPN in accordance sary	I) to addance we if the	lminister or vith the adm dosage of n	to delega inistrativ nedication	ate to unlicense re code practice n is changed.
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse school personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the properly labeled with student's name, prescriber's name, name of medication and the prescriber and the pre	urse (LPN in a coord necessary ed Medica on, dosag	I) to addance verifithe tion A	lminister or vith the adm dosage of n ssistants. P intervals, re	to delega ninistrativ nedication rescriptio oute of ac	ate to unlicense re code practice n is changed. on medication n dministration a
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse school personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate.	urse (LPN in accordance saryed Medica on, desagerse or Train	I) to addance verifithe tion A e, time	lminister or vith the adm dosage of n ssistants. P intervals, re	to delega ninistrativ nedication rescriptio oute of ac	ate to unlicense re code practice n is changed. on medication n dministration a
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse school personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate.	urse (LPN in accordance saryed Medica on, desagerse or Train	I) to addance verifithe tion A e, time	lminister or vith the adm dosage of n ssistants. P intervals, re	to delega ninistrativ nedication rescriptio oute of ac	ate to unlicense re code practice n is changed. on medication n dministration a
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurses of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate.	urse (LPN in accordance saryed Medica on, desagorse or Trai	I) to addance voice if the attion A e, time ned Mication	lminister or vith the adm dosage of n ssistants. P intervals, re edication A	to delega ninistrativ nedication rescriptio oute of ac ssistant, (wed:	ate to unlicensed the code practice in is changed. In medication in the communication and the communication are communicated to the communication and the communication are communicated to the code of the code o
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse school personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained the date of drug's expiration when appropriate.	urse (LPN in a coro nece sary ed Medica on, dosag rse or Trai OTC medicate:/	I) to addance we fit the ation A e, time ned M lication	lminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow	to delega ninistrativ nedication rescriptio oute of ac ssistant, (wed:	ate to unlicensed the code practice in is changed. In medication in the communication and the communication are communicated to the communication and the communication are communicated to the code of the code o
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse school personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurboriginal, unopened and sealed container. Local Education Agency Policy for Parent's/Guardian's Signature: Description SELF-ADMINISTRATION AUTOMINISTRATION	urse (LPN in accordance saryed Medica on, desagor Train OTC medicate:/_	I) to addance verifithe ation A e, time med M lication	lminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow	to delega ninistrativ nedication rescriptio oute of ac ssistant, (wed:	ate to unlicense re code practice in is changed. on medication in diministration and other controls in the
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 authorize the School Nurse, the registered nurse (RN) or licensed practical nurse in the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained by the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse original, unopened and sealed container. Local Education Agency Policy for Parent's/Guardian's Signature: SELF-ADMINISTRATION AUTOMICS. SELF-ADMINISTRATION AUTOMICS.	urse (LPN in a coro nece sary ed Medica on, dosag or Trai OTC medicate:/	I) to addance we if the tion A e, time ned M lication	Iminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow. Phone: ON msed health	to delega inistrative nedication rescription oute of accessistant, (wed:	ete to unlicenser re code practice n is changed. on medication re dministration and OTC's in the
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 authorize the School Nurse, the registered nurse (RN) or licensed practical nurse in the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication and the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse or trained by the Counter Medication must be registered with the School Nurse or trained by the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication must be registered with the School Nurse or trained or the Counter Medication or the C	urse (LPN in accordance saryed Medica on, desagor Train OTC medicate:/	I) to addance very if the tion A e, time med M lication //	Iminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow. Phone: ON Inseed healtherm that he/s	to delega ininistrativ nedication rescriptio oute of ac ssistant, (wed: ()	ote to unlicense of code practice in is changed. On medication in indinistration and indi
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse is chool personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse original, unopened and sealed container. Local Education Agency Policy for Parent's/Guardian's Signature: SELF-ADMINISTRATION AUTOMIC (To be completed ONLY if student is authorized to complete its authorized and recommend self-medication by my child for the above medication and the desiries testion of the prescribed medication by his/her attending prescribed medication has a second prescribed medication by his/her attending prescribed medication and his prescribed medication has a second prescribed medication	urse (LPN in a coro nece sary ed Medica on, dosag or Trai OTC medicate:/	I) to addance we if the tion A e, time ned M lication /	Iminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow. Phone: ON msed healtherm that he/sill indemnify	to delegation in the delegation of action oute of action oute of action oute. ()	ovider.) ete to unlicenser e code practice in is changed. on medication radinistration and in the control of
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse is chool personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse original, unopened and sealed container. Local Education Agency Policy for Parent's/Guardian's Signature: SELF-ADMINISTRATION AUTOMIC (To be completed ONLY if student is authorized to complete its authorized and recommend self-medication by my child for the above medication and the desiries testion of the prescribed medication by his/her attending prescribed medication has a second prescribed medication by his/her attending prescribed medication and his prescribed medication has a second prescribed medication	urse (LPN in a coro nece sary ed Medica on, dosag or Trai OTC medicate:/	I) to addance we if the tion A e, time ned M lication /	Iminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow. Phone: ON msed healtherm that he/sill indemnify	to delegation in the delegation of action oute of action oute of action oute. ()	ovider.) ete to unlicenser e code practice in is changed. on medication radinistration and in the control of
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical in school personnel the task of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be Prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse original, unopened and sealed container. Local Education Agency Policy for Parent's/Guardian's Signature: SELF-ADMINISTRATION AUTOMIC (To be completed ONLY if student is authorized to complete proper self-administration of the prescribed medication by his/her attending proper self-administration of the prescribed medication against any	urse (LPN in a coro nece sary ed Medica on, dosag or Trai OTC medicate:/	I) to addance we if the tion A e, time ned M lication /	Iminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow. Phone: ON msed healtherm that he/sill indemnify	to delegation in the delegation of action oute of action oute of action oute. ()	ovider.) ete to unlicenser e code practice in is changed. on medication radinistration and in the control of
Tots 'N' Teens Pediatrics 3729 Mary Taylor Road Birmingham, AL 35235 A authorize the School Nurse, the registered nurse (RN) or licensed practical nurse registered nurse (RN) or licensed practical nurses of assisting my child in taking the above medication rules. I understand that additional parent/prescriber signed statements will be prescription Medication must be registered with School Nurse or trained be properly labeled with student's name, prescriber's name, name of medication the date of drug's expiration when appropriate. Over the Counter Medication must be registered with the School Nurse original, unopened and sealed container. Local Education Agency Policy for Parent's/Guardian's Signature: Description SELF-ADMINISTRATION AUTHORIZATION AUTHORIZATI	urse (LPN in a coro nece sary ed Medica on, dosag or Trai OTC medicate:/	I) to addance we if the tion A e, time ned M lication /	Iminister or vith the adm dosage of n ssistants. P intervals, redication A to be follow. Phone: ON msed healtherm that he/sill indemnify	to delegation in the delegation of action oute of action oute of action oute. ()	ovider.) ete to unlicenser e code practice in is changed. on medication radinistration and in the control of