Helena Public Schools

Special Services Center

Authorization for Medicine to be Given in School

School: _____

Student: _____ Date: _____

Diagnosis: _____

Medication: _____

Time: _____ Amount: _____

Special Instructions: _____

_____

NOTE: RN may take phone orders from physicians, so a signature is not always required.

Signed _____
(Parent)

Signed _____
(Physician)

WH #3620

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