Form 19 Procedure No. 6125.01

## Asheboro City Schools Physician's Authorization of Medication for a Student in School

School		Date	
Student's Name		Teacher/Grade	
Medication Route: oral inhal	led injection	Purpose_ rectaltopicaloth	 ner
Possible side effects			
Discontinue medication o	<sub>'</sub> n		
all times. This may include (emergency epinephrine). E administered if physician in	asthma (inhalers), of the control of	may require the student to car diabetes (insulin), and severe a cons may be carried by the student the "Physician Authorization of student sufficiently responsible inister this medication	allergies dent and self- of Medication for a
Medication		Purnosa	
Route:oralinhal	edinjection _	Purpose_ rectaltopicaloth	ner
Dose and Time Possible side effects Discontinue medication o			
all times. This may include (emergency epinephrine). Eadministered if physician inc	asthma (inhalers), of Emergency medication dicates this need on	may require the student to car diabetes (insulin), and severe a ons may be carried by the stud the "Physician Authorization of student sufficiently responsible	allergies dent and self- of Medication for a
This student may ca	erry and self-adm	inister this medication	
Physician's Office Stamp he	re		
		Physician's Signature	Date
that the school undertakes no res	ponsibility for the admining. I hereby release the S	nove listed medication(s) during school stration of the medication. This medication Board and their agents and embed medication.	cation has been
Parent's Signature	Date	School Nurse's Signatu	ire Date
Principal's Signature	 Date		