

Health Care Provider Authorization to Administer Medication in School

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Note to healthco	are provider: If this is PF	RN, please be spec	ific on dosage,	amount per
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Note to healthco	are provider: Please do	not sav 'as needec	d', he specific fo	or the reason
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	day and/or timi	Note to healthcare provider: Please do to give this medication. {	Note to healthcare provider: Please do not say 'as needed to give this medication. {CIRCLE} YES NO Health Care Provider signature	Note to healthcare provider: Please do not say 'as needed', be specific for to give this medication. {CIRCLE} YES NO

Date____

School Nurse signature_____