

**Form 316 - 1**  
**ADMINISTRATION OF PRESCRIBED MEDICATION**  
**AND/OR MEDICAL PROCEDURES**



We (I), the undersigned, who are the parents/guardians of

\_\_\_\_\_

(Name)

(Birth date)

request that the following health-care service(s)

\_\_\_\_\_  
\_\_\_\_\_

be administrated to our child. We understand that a designated person(s) will be performing the above mentioned health-care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure that has been approved by our physician.

\_\_\_\_\_

(Name)

(Address)

(Phone number)

We will notify the school immediately if the health status of \_\_\_\_\_ changes, we change physicians, or there is a change or cancellation of the procedure.

We understand that the above-mentioned procedure should be scheduled before or after school hours whenever possible.

We are aware our child's photo will be displayed with Form 316-7, if applicable, in an area easily accessible by school personnel.

Signature of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

\_\_\_\_\_

(home)

\_\_\_\_\_

(work)

\_\_\_\_\_

(home)

\_\_\_\_\_

(work)

Date: \_\_\_\_\_