



Authorization for Administration of Herbal Supplements at School

Student: _____ Grade: _____

Herbal/Strength	Dose	Time		Route
		AM	PM	

Medical Condition _____ Date herbal is to be discontinued _____

Any Special Orders: _____

Other daily medications/herbals taken at home include:

Adverse Reactions from this herbal supplement may include:

**** Note: It is the responsibility of the parent/guardian to cut tablets of herbals (if necessary).
The school will dispose of any medication left after the close of the school year.
Herbal supplements requires the signature of the physician to be given at school.**

Instruction for School Delays (scheduled and unscheduled)

My child will take his/her herbal supplement at the regularly scheduled time as indicated above.

Special arrangements need to be followed when giving my child herbal supplement if there is a school delay.
Those arrangements include: _____

- I assume the responsibility for the safe transport of this herbal supplement to school.
- I request the herbal supplement be given on field trips, as prescribed.
- I release school personnel from liability in the event an adverse reaction result from taking the herbal supplement.
- I will notify the school, in writing, of any change in the medication, (ex: dosage change, medication is discontinued, etc.)
- I give permission for the school nurse to communicate with the student's teacher, physician and necessary school staff about my child's health condition and the action of the herbal supplement.
- I give permission for the herbal supplement to be given by the designated personnel (the school nurse may not always be present in the school).
- I certify that I am the parent, legal guardian, or other person in legal control of the above identified student.
- I read and understand the information within this authorization.

As the physician, I verify that it is medically necessary that this child take this herb in school.



Physician's Signature	Daytime Telephone	Date
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Parent/Guardian Signature	Daytime Telephone	Date
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