



Lincoln Public school district #38

808 Main Street | P.O. Box 39 Lincoln, MT. 59639 | [www.lincolnllynx.com](http://www.lincolnllynx.com)

Ph. (406) 362-4201 | Fax (406) 362-4030

# Authorization for Medicine to be Given in School

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

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Amount: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Physician Signature\* \_\_\_\_\_

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

Additional Information: \_\_\_\_\_

\_\_\_\_\_