## INDEPENDENT SCHOOL DISTRICT 196 Rosemount-Apple Valley-Eagan Public Schools Educating our students to reach their full potential

Series Number       506.2.2.1.2.2P       Adopted       February 1990       Revised       May 2015         Title       Authorization for Student Possession and Self-Medication with Inhaler,         EpiPen and/or Insulin at School			
		Name of child	
		School	School year
Physician's Ore	der for Student and Self-medication		
Name of medication			
Dosage			
Time/frequency			
Medical Condition/ICD-10 code			
Possible side effects			
Estimated termination date			
The student is knowledgeable abor administer the medication.	ut the medication noted above and how to self-		
Signature	Date		
Address			
77 1 1 1			
Telephone number			

Signature\_\_\_\_\_\_
parent or guardian

Date\_\_\_\_\_

Procedure/506.2.2.1.2.2P/5-18-15