



Waolani Judd Nazarene School

Where faith and learning reflect the character of Christ

408 N. Judd Street, Honolulu, HI 96817 · 808-531-5252 · Fax: 1-866-586-WJNS (9567) · office@wjns.org · www.wjns.org

REQUEST TO ADMINISTER PRESCRIBED MEDICATION AND/OR EMERGENCY RESCUE MEDICATION(S)

For _____ - _____ SCHOOL YEAR

Please complete form below:

Student Name:	Birthdate:	Grade/Room:	<u>Contact Info:</u> Mother's Name:
Address:		ZIP Code	Mother's Phone:
			Father's Name:
			Father's Phone:
Student's Health Insurance Plan: <input type="checkbox"/> HMSA <input type="checkbox"/> UHA <input type="checkbox"/> Kaiser <input type="checkbox"/> Quest <input type="checkbox"/> Medicaid <input type="checkbox"/> TRI-Care <input type="checkbox"/> Other: _____ <input type="checkbox"/> None			

PARENT'S/LEGAL GUARDIAN'S REQUEST AND AUTHORIZATION

I, the undersigned, request and authorize the personnel of Waolani Judd Nazarene School to administer medication as prescribed by my child's physician. I request and authorize the release of health information between the school, the prescribing physician, and the pharmacist pertinent to my child's condition. I understand that a new request is needed should there be any change to the medication order.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

PHYSICIAN'S REQUEST

Diagnosis: _____ Weight: _____

Medication/Allergies: _____

EMERGENCY RESCUE MEDICATION OR DAILY, ROUTINE, SCHEDULE MEDICATION:

Medication Name/Dosage	Time	Symptoms	Reason Medication Needs to be given during school day
EMERGENCY RESCUE MEDICATION <input type="checkbox"/> Epi-Pen: _____	Upon onset of Life-Threatening Symptoms		RESCUE MEDICATIONS (will be administered once and 911 and/or parent will be immediately notified)
EMERGENCY RESCUE MEDICATION <input type="checkbox"/> Inhaler: _____			
DAILY ROUTINE SCHEDULED MEDICATION			

Physician's Signature: _____ Date: _____

Physician's Name: _____

Phone: _____ FAX: _____

Address: _____

Physician Emergency Contact Number: _____