



P.O. Box 1346
Boulder, Montana 59632
Phone Number 225-3316
Fax Number 225-9218
<http://bouldersd.schoolwires.com>

Authorization for Medication to be given at School

Please refer to the school policy regarding administration of medication at school.

Boulder Elementary School

Date: _____

Student: _____

Grade: _____

Diagnosis: _____

Name of Medication: _____

Dosage of Medication: _____

Time to Administer: _____

Special Instructions (Example: To be given with food, etc.)

Parent Signature

Phone Number to Reach Parent

Physician Signature

Physician's Office Phone Number