

MEDICATION AUTHORIZATION

Medication should be ordered to be given to a student at school **ONLY WHEN ABSOLUTELY NECESSARY**. Whenever possible, the parent and Licensed Health Care Provider are urged to design a schedule for giving medication outside of school hours. If this is not possible, the medication will be dispensed by designated school personnel. Prescription medication is to be furnished in the original container, labeled with the name of the medication, the amount to be taken, frequency of administration, the name of the physician, and the name of the child. Over the counter medication is to be furnished in the original container with label, directions, and expiration date clearly legible. This authorization is good for the current school year only. Unused medication should be collected from the school. Any uncollected medication will be destroyed at the end of the year or at the end of the prescribed duration of administration, whichever is sooner.

The school accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the Licensed Health Care Provider's directions.

Parent/Guardian Signature _____ Date _____

Child's Name _____ Parent/Guardian Name _____

Birth date _____ Home Phone _____

School _____ Business Phone _____

Teacher _____

ONE MEDICATION PER SHEET PLEASE

This section to be completed by the Licensed Health Care Provider

Medication to be administered _____

Purpose of medication _____

Dosage and mode of administration _____

Time to be administered _____

Termination date for administering medication _____

Possible side effects of medication _____

Special storage requirements: None Refrigerate _____ Other

Student may self-administer (inhalers, insulin, ointments or epipen only): Yes No

Licensed Health Care
Provider's Name

Please Print

Date

Address

Phone

Signature

Fax