

We are aware that at times it may be necessary for prescription medication to be administered to a child while he/she is at school. It is preferred, if at all possible, that medication be administered at home. In the event it is absolutely necessary that medication be administered during the school day this form must be completed and signed by the physician prescribing the medication. The form must also be signed by the parent or guardian before the school staff member will administer the medicine.

PHYSICIAN'S PRESCRIPTIVE DIRECTIONS: Please describe the medicine, dosage, and at what intervals it should be administered, the purpose of the medication and anticipated amount of time on medication.

Patient's Name: _____

Physician Signature

Date

Parent Information/Permission: I request and give my permission for the staff responsible for _____ to assist with self-administration of the medication as prescribed by above physician.

Parent/Guardian Signature

Date

PARENT: Please list below any medications not listed above that are taken at home whether they are prescription or over-the-counter medications. This information is required in the event of an emergency medical situation while at school. Before emergency medical services can be performed it is important to know what medication the child may have taken that day.

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>TIME OF DAY NORMALLY TAKEN</u>

MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT