

PRESCRIPTION MEDICATION AUTHORIZATION School Year _____ - _____

STUDENT INFORMATION

Student's Name: _____ **Grade:** _____
Date of Birth: ____/____/____ **Age:** _____
Drug Allergies: _____ **Weight:** _____ pounds

PRESCRIBER AUTHORIZATION (To be completed by a licensed health care provider)

Medication Name: _____ **Dosage:** _____
Frequency/Times to Be Given: _____ **Route:** _____
Start Date: ____/____/____ **Stop Date:** ____/____/____
Reason for Taking Medication: _____
Potential Side Effects: _____
Special Instructions for administration: _____
Special Instructions for storage: _____
Is this medication a controlled substance: Yes _____ No _____
Printed Name of Licensed Provider: _____
Health Provider Phone Number: (_____) - ____ - ____
Health Provider Signature: _____ **Date:** ____/____/____

PARENT AUTHORIZATION

I authorize the school nurse, principal or delegated personnel to administer the above medication prescribed by his/her healthcare provider during the school day. I assume responsibility for the delivery of my child's medication and the completed medication authorization form to the school. I will notify the school if the medication, dosage or physician changes. I understand that a new medication authorization will be necessary if any changes are made to the medication or dosage.

Parent/Guardian Name: _____ **Phone:** (_____) ____ - ____

Before your child can take any medication at school, you must provide the school with a written request from the parent/guardian and a written statement from the health care provider. The statement must include the following:

1. The name of the medication and dosage to be administered
2. The time(s) the medication is to be administered
3. The date the administering medication is to start and end
4. Any potential side effects or severe adverse reactions that should be reported
5. Special instructions for administration and storage of the medication
6. THE PARENT MUST BRING THE MEDICATION TO THE SCHOOL OFFICE IN THE ORIGINAL CONTAINER IN WHICH IT WAS DISPENSED (Most pharmacies will gladly give you a smaller duplicate prescription bottle for you to put in the necessary doses needed at school)