

Medication Authorization Form

Dear Parents or Guardian:

In general, medication will not be given during the school day. If, however, it is essential, the form below must be completed by your physician. Please return this form with the medication **in the prescription container**.

Instructions To Nurse for the dispensing of medication required during the school day. (Please type or print)

Child's Name: _____ Name of Medication: _____

Purpose of the Medication: _____

Date Prescription Begins: _____ Date Prescription Is To Cease: _____

Dosage: _____ Time of Dosage: _____

Special instructions, if any: _____

(pills crushed, with water, etc.)

Does The Medication Require Refrigeration? Yes No

Possible Reaction: _____

Procedure to be followed if reaction should occur: _____

Person to Contact: _____ Phone Number: _____

Signature of Physician

Date

I hereby authorize the medication listed above to be administered to my child or charge.

(A copy of this form will be filed with your child's records)

Signature of Parent/Guardian

Date

(In cases where child is in interim care or group home setting person responsible for direction of medical services sign here):

Signature of Parent/Guardian

Date