

Student Medication Authorization Form

(Required when a student needs prescription and non-prescription medication to be taken at school.)

 Student's Name Birth Date School Date

School medications and health care services are administered following these guidelines:

- Physician/prescriber signed and dated authorization to administer the medication
- Parent/guardian signed and dated authorization to administer the medication
- Medication must be in original labeled container as dispensed or the manufacturer's labeled container
- Medication label must contain student's name, name of the medication and directions for use and date
- Annual renewal of authorization and immediate notification of changes are required.

Physician Authorization:

 Medication/Treatment Dosage Time to be administered

 Intended Effect of Medication/Treatment Side Effects (if any)

 Other Medication the Student is Taking

May student self-administer medication under supervision of a school designee? ____Yes or ____No

Administration Instructions:

Date to Discontinue, Reevaluate or Follow Up: _____

Physician's Signature Date Signed

Physician's Emergency Phone Number Physician's Address

