



Medication Authorization Form

Please use this form to provide directions for giving medicine to your son/daughter at school. Thank you.

Student's Name: _____ School: _____

Home Room Teacher: _____ Grade Level: _____

Condition/Illness Requiring Medicine: _____

Name of Medicine: _____ Storage Requirements: _____None _____Refrigerate

Dosage: _____ Time of Day to Give Medicine: _____

Other Instructions: _____

Possible Side Effects: _____

Parent's Name: _____ Phone: _____

The principal or his/her designee will dispense medicine to students according to the following guidelines:

- The parent/guardian should complete and sign the Medication Authorization Form. Medicine cannot be given without written permission and instructions from the parent/guardian.
- The parent/guardian should bring medicine and related equipment to the principal or his/her designee. Please do not send medicine to school by way of the student.
- All prescription and over-the-counter medicines must be kept in the school office. Students must not be in possession of medicine while at school unless approved by the principal. Medicine will not be sent home with the student.
- Prescription medicine must be in the original labeled container. The label must include the student's name, the name of the medicine, instructions for dispensing the medicine, and the doctor's name. Pharmacists can provide a duplicate labeled container with only the dosage to be given at school.
- Over-the-counter medicine must be in the original container and marked with the student's name.
- A new Medication Authorization Form must be completed whenever a new medicine or dosage is to be given to the student.
- The parent/guardian should pick up unused medicine from the principal or his/her designee. Any medicine not picked up will be discarded at the end of each school year.

I understand the guidelines for dispensing medicine to students. I authorize the principal or his/her designee to give medicine to my child according to the directions given above.

Parent/Guardian Signature

Date