



MEDICATION AUTHORIZATION FORM
TO BE COMPLETED BY PHYSICIAN, PARENT, OR LEGAL GUARDIAN

Student Name: _____ Birthdate: _____ Grade: _____

Medical Diagnosis(es): _____

Allergies to any Medications: _____

Medication(s)	Med. Expiration Date	Dosage	Time to be given at school	Indications for medication

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

I hereby give permission to staff designated by the school principal or nurse to give the above medication to my child according to the instructions stated above.

Parent/Guardian Signature: _____ Date: _____

- At the end of the school year:
- Parent will pick up medication from the First Office.
 - Medication may be sent home with the student.

It is understood that:

- All prescription medications must be appropriately labeled with **time the medication is to be taken, dosage, name of the medication, expiration date, reason the child must take the medication**, and name and phone number of prescribing doctor.
- Medications must be labelled in English. We will not accept medications labelled in foreign language.
- Whenever possible, medication will be administered at home.
- Whenever there is a change in instructions for the above medication(s), a new form must be completed. A new form must be completed for each school year.
- Students need permission to carry Epinephrine autoinjectors or inhalers. Please fill out an **Authorization to Carry and Self Administer Medication form** which can be found in the First Aid Office.
- Students who self-carry inhalers, Epinephrine autoinjectors, and/or diabetic medications are responsible for taking these medications on all field trips and to extracurricular activities and athletic events.
- If Epinephrine or Glucagon is used, the student will be transported to the emergency room.