

MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PHYSICIAN, PARENT, OR LEGAL GUARDIAN:



Student Name: _____ Birthdate: _____ Grade: _____

Medical Diagnosis(es): _____

Medication(s)	Med. Expiration date	Dose	Time to be given at school	Special instructions

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 Aid Office
 Medication may be sent home with the student.

It is understood that:

1. All 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 for prescription medication.
2. Whenever possible, medication will be administered at home.
3. 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.
4. 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
5. 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.
6. If Epinephrine or Glucagon is used, the student will be transported to the emergency room.

