Prescription Medication Administration in School

I, the parent/guardian of _____, ask that school staff give the following
(Child's name)

medication _____ at _____
(Medication name, strength, and dosage) (Time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

- **It is the parent/guardian's responsibility to furnish the prescription medication.**
- **Prescription medications must come in original pharmacy-labeled bottle with: Child's name, name of medication, correct dosage, time medication is to be given, date medicine is to be stopped (if medication is to be taken short-term), and licensed health care provider's name.**
- **If medication, dosage, or time(s) change: A new form must be completed, and a new pharmacy-labeled bottle with the updated information must be brought to school.**
- The parent/guardian agrees to pick up expired or unused by the end of the school year or medication will be disposed of by the school.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

_____ _____ _____
Parent/Guardian's Name **Parent/Guardian's Signature** **Date**

Cell Phone: _____ Work Phone_____

Health Care Provider's Authorization to Administer Prescription Medication in School

Child's Name: _____ Birthdate: _____

Medication Name & Strength: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Purpose of medication: _____

Special Instructions: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

_____ _____
Signature of Health Care Provider with Prescriptive Authority **Date**

_____ _____
Printed Name of Health Care Provider **Telephone Number**

_____ _____
Signature of School Nurse **Date**