



# 2011 Medication Authorization Prescriptions and Non-Prescription

My permission is hereby granted to: \_\_\_\_\_ to assist  
*School*

\_\_\_\_\_  
*Last First Middle*      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: If the medication is a prescription, ask your pharmacist to prepare two containers, one for school and one for home. THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/MAY NOT BE GIVEN AT SCHOOL.** Herbal/vitamin therapy requires a physician's order.

Name of prescription medication: \_\_\_\_\_

Name of prescribing physician: \_\_\_\_\_

Amount to be given/Dosage (ex. 10 mg/tab): \_\_\_\_\_

Direction for administering (ex. By mouth): \_\_\_\_\_

Time to be given at school: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to stop: \_\_\_\_\_

Reason or health problem: \_\_\_\_\_

Possible reaction to medication: \_\_\_\_\_

**OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE A REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER. OVER-THE-COUNTER MEDICATIONS NEED TO BE DOSAGE SPECIFIC FOR AGE/WEIGHT.** Non prescription medications will only be accepted in the factory sealed original container accompanied with a written physician's order. It is hereby understood by the undersigned that school personnel are not held liable for the administration of the above medication or its possible side effects.

Medication is to be brought in its current labeled pharmacy container. For safety and security reasons, medication must be transported to and from school by the parent/guardian. **DO NOT SEND MEDICATIONS TO SCHOOL WITH THE CHILD/SIBLINGS.** Notes from home will not be accepted as authorization for dispensing medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Number