



MEDICATION ADMINISTRATION AUTHORIZATION FORM

2023/2024

Medication must be delivered to school by a responsible adult (whenever possible, a parent) in the original pharmacy labeled container or unopened manufacturer's package. Medication may not be delivered directly by the student. Medication is counted and documented upon receipt and signed by the school staff member and adult delivering the medication. This form must be renewed annually and must be signed by a non-parent, licensed prescriber.

LICENSED PRESCRIBER'S AUTHORIZATION

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____

Dose: _____ Route: _____ Time(s): _____

If PRN, frequency: _____ If PRN, for what symptoms: _____

Relevant side effects: None expected Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year

Prescriber's Name/Title _____

Telephone: _____ FAX: _____

Address: _____

Licensed Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that within one week of the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school administration to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

EMERGENCY MEDICINE SELF CARRY/SELF ADMINISTRATION AUTHORIZATION

Student may self-carry this emergency medication. (must be signed by prescriber and principal)

Licensed Prescriber's Signature _____

Principal's Signature _____ Date _____

I understand point 12e of the Medication Administration Parent Procedure (Form MED-1) and agree to abide by it.

Student's Signature _____ Date _____