



# SCHOOL MEDICATION AUTHORIZATION FORM

SCHOOL YEAR: \_\_\_\_\_

This form may be faxed to your child's school

Our Fax Number is: \_\_\_\_\_

**A separate form must be filled out for EACH medication.**

## The following is to be filled out by the PARENT OR GUARDIAN:

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## The following is to be filled out by the HEALTH CARE PROVIDER:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication Instructions: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ May student self-administer? Yes No

Must this medication be administered during the school day in order to allow the child to attend school? \_\_\_\_\_

Health Care Provider's Name and Title (printed): \_\_\_\_\_

Health Care Provider's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT INFORMATION:

If a student carries an EPI-PEN or INHALER, an additional EPI-PEN or INHALER should be kept in the nursing office or main office. The School DOES NOT have extras for student use in the event the student should forget to bring theirs to school or if it becomes lost.

Medications MUST be brought to school by an adult and given to an adult at the school. The medication must be in its original container provided by the pharmacy with the pharmacy label in place. Medications will not be accepted in unlabeled containers or plastic bags.

Any changes in medication or dosage requires that a new form be filled out.

