

**Authorization for Administration of Medication**

**A. TO BE COMPLETED BY THE PARENT OF GUARDIAN:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

- I request that my child received the medication as prescribe below by our licensed health care prescriber. The medication is to be furnished by me in the **properly labeled, original container** from the pharmacy.
- I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication.

\_\_\_\_\_  
**Signature (Parent or Guardian)**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
**Work Telephone No.**

\_\_\_\_\_  
**Date**

**B. TO BE COMPLETELY BY THE LICENSED HEALTH CARE PRESCRIBER:**

- I request that my patient, as listed above, receive the following medication:

Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Time schedule: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

\_\_\_\_\_  
**Name of Licensed Prescriber & Title (print)**

\_\_\_\_\_  
**Prescriber's Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Phone No.**

\_\_\_\_\_  
**Date**

- C. **NOTE:** This section must be signed for those students who request permission to carry their own medication on campus. The school nurse will determine a student's readiness to self carry.

**SELF MEDICATION RELEASE FORM**

\_\_\_\_\_ (child's name) has been instructed in the proper use of the following medication procedures.

Pending the school nurse's determination, we request that he/she be permitted to carry the medication on his/her person, as we considered him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Parent's Signature**

