



Parental Authorization to Administer Medication

Use this form when medication is to be administered for less than ten (10) days.
Use "Request for Administration of Medication at School" for ten days or more.

I hereby give permission to the principal, school secretary, or designee, to administer the below medications to my child. Please review the medication guidelines on the bottom of this form.

Student's Name: _____ DOB: _____

Grade: _____ Teacher: _____

1. Name of Medication: _____ Dosage: _____
Administer on this date(s): _____ at this time(s): _____
Reason for medication/comments: _____

2. Name of Medication: _____ Dosage: _____
Administer on this date(s): _____ at this time(s): _____
Reason for medication/comments: _____

3. Name of Medication: _____ Dosage: _____
Administer on this date(s): _____ at this time(s): _____
Reason for medication/comments: _____

I understand the school designated employee shall not be liable to the student, parent, or guardian of the student for civil damages for any personal injuries to the student which results from acts or omissions in administering any medication.

Parent/Guardian Signature _____ Date _____

Relationship _____ Cell Phone: _____



Medication Guidelines: Prescription and non-prescription medication may be administered only upon WRITTEN authorization from a parent or legal guardian. Prescription medication must be in a pharmacy container and properly labeled by a pharmacist or licensed physician and contain the following:

- > Name of student
- > Name of medication
- > Time(s) to be administered
- > Current date
- > Dosage and special instructions
- > Physician's name
- > Pharmacy name and phone number

Non-prescription medication must be in the original container with the proper company label containing the medication name and directions for administration. Requests to administer non-prescription or prescription medications in a manner other than that specified on the label will require written instructions from the prescribing physician. In absence of either the written parental form or medication in properly labeled container, no medication will be administered. All medications should be brought directly to the school office by the parent or guardian. A new form must be filled out for each change in dosage of medication or administration. Any medication requiring administration ten (10) days or longer must be accompanied by a "Request for Administration of Medication at School."