

Authorization Form for Non-prescription & Prescription Medications

**** This form must be completed by a parent/guardian ****
**** All Medications must be sent in their original containers ****

_____ has my permission to administer the following
(Name of School)

Prescription and/or non-Prescription medications to my son/daughter, _____
(Name of Student)

Medications (name & dosage): _____

Instructions (please be specific): _____

Does this medication require refrigeration? _____

Has your son/daughter taken this medication before? _____

Please list any allergies that your son/daughter has, including those pertaining to medicine listed:

This authorization is effective from: _____ until: _____
(Start date M/DD/YYYY) (End date M/DD/YYYY)

Parent's Signature: _____

Date: _____