

# 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: \_\_\_\_\_