



## Mustang Public Schools

### AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

#### **One Medication per Form**

Authorization and request for the administration of medication at school for prescription and/or non-prescription medication.

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Date received \_\_\_\_\_

1. Reason for medication \_\_\_\_\_

2. Name of medication \_\_\_\_\_

3. Dosage \_\_\_\_\_

4. Time to be administered \_\_\_\_\_

5. Duration (week, month, indefinite, etc.) \_\_\_\_\_

6. Side Effects: None Expected \_\_\_\_\_ Specify \_\_\_\_\_

7. Form of medication/treatment: Tablet \_\_\_\_\_ Liquid \_\_\_\_\_ Inhaler \_\_\_\_\_ Injection \_\_\_\_\_ Nebulizer \_\_\_\_\_ Other \_\_\_\_\_

8. Special storage requirements: None \_\_\_\_\_ Refrigerate \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN:** I hereby request and give my permission for the above named school to administer the medication prescribed on this form. Prescription medication must have the pharmacy label attached and must match the written prescriber order. "Over the counter medication" must be in the original container. All medication must be brought to school by an adult. Substances not approved by the FDA will not be stored nor administered by school personnel. I further understand that I will be responsible for picking up any remaining medication at the end of the school year; medication will NOT be sent home with students. Any medication remaining after the school year has ended will be discarded utilizing proper procedure. The school nurse may consult with the prescriber regarding this prescription. Changes to the time and/or dosage of the medication require written authorization from the licensed prescriber and parent/guardian.

I understand and acknowledge the above statement. \_\_\_\_\_

**Parent Signature/Date**

