



The Langley School Medication Authorization Form

I, _____, give permission for authorized personnel to administer the following medication to the child named below. In addition, I give permission for The Langley School nurse to contact my child's physician for clarification, if necessary. I have read the medication administration procedures outlined on the front page of this form and assume responsibility for all its terms. I understand any/all medical information will be shared as needed with the faculty/staff of The Langley School/Summer Studio, as well as emergency personnel.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Emergency Phone Number: _____

Child's Full Name: _____

Date of Birth: ____/____/____ Grade & Teacher/Counselor: _____

Allergies: _____

Diagnosis/Reason for Medication: _____

Medication Name: _____

Dosage to Be Given: _____ Time(s) to Be Given: _____

Length of Treatment/Dates to Be Administered: _____

Special Instructions (e.g., take with food, requires refrigeration): _____

Physician's Name (Please Print): _____

Physician's Office Phone Number: _____

Prescribing Physician's Signature (**required for ALL prescription/emergency medication**):

_____ Date: _____