

Griffith Public Schools

Medication Authorization Form

1. All medication must be provided in original labeled containers
 2. All prescription medication must have a prescription label and doctor's notes/prescriptions needed for all dosage changes
 3. All over-the-counter medication must have doctor's order with a signature in order to ensure correct dosage and safe usage of medication
 4. All medications must be brought in by a parent/adult
 5. All medications need parent authorization
 6. All medication authorization forms must be renewed each school year
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Student Name: _____ **School:** _____ **Grade:** _____

1st Medication: _____ **Dose:** _____

Reason for Giving: _____

- ☐ Over-the-counter
- ☐ Prescription

Start Date: _____ End Date: _____

2nd Medication: _____ **Dose:** _____

Reason for Giving: _____

- ☐ Over-the-counter
- ☐ Prescription

Start Date: _____ End Date: _____

3rd Medication: _____ **Dose:** _____

Reason for Giving: _____

- ☐ Over-the-counter
- ☐ Prescription

Start Date: _____ End Date: _____

Doctor Signature: _____ **Date:** _____

Parent/Guardian Authorization: I authorize the school nurse or designee of the above-named school to administer the medication as prescribed above.

Parent Signature: _____ **Date:** _____