

# Griffith Public Schools

## Medication Authorization Form

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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:** \_\_\_\_\_