



MEDICATION AUTHORIZATION FORM

FOR PRESCRIPTION MEDICATIONS

Fill out one form for each medication

All medication to be administered by the nurse must come in an appropriate pharmacy container and be labeled with the student's name. The name of the medication must be clearly displayed, along with the correct and current dosage regimen. Any changes in the medication schedule will require a change in the pharmacy container and a note to document the changes. The nurse will not accept a pharmacy container that has been altered in any way.

Section A: To be completed by parent/guardian

Medication Authorization for: _____
(Child's name)

The Potomac School has my permission to administer the following medication:

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from _____ until _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication
(Name of physician)
listed below to be administered to: _____
(Child's name)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from _____ until _____
(Start date) (End date)

Physician's Signature: _____ Date: _____