

## Prescription and Non-Prescription Medication Form

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Total daily dosage: \_\_\_\_\_

Starting date for medication: \_\_\_\_\_ Discontinue date for medication: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Allergies to past medications: \_\_\_\_\_

### Physician Authorization

I request the above medication to be administered to the above student by the Francis Howell School District.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician phone

### Parent Authorization

I give my permission for this medication to be dispensed to my child at school. The school has my permission to call the physician with any questions regarding the medication.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date