



Physician and Parent/Guardian Authorization Form – In School Medications

Prescription and Non-Prescription Medications

District policy states that in order to give prescription drugs or over the counter (OTC) medications not provided in the school health office, the School Nurse needs the following for each medication:

- A signed order from your child’s health care provider. The form below is for your convenience.
- Parent/Guardian’s signature
- Medication must be in their **original**, properly labeled pharmacy containers or **original**, properly labeled OTC package.

It is the responsibility of the parent/guardian to obtain proper documentation. The parent/guardian must bring the medication into school, not the student.

The above requirements must be renewed every school year.

Parents/Guardians are encouraged **NOT** to send in OTC medications for the nurse to administer unless specifically prescribed by your child’s health care provider.

Prescription or OTC medication that is **NOT** in the original container will not be permitted in school and cannot be carried by the student unless certain conditions are met. Contact your School Nurse for further information.

Student Name: _____ DOB: _____

HR Teacher _____ Grade: _____

Identification of Medication: _____

Dosage and Route (Oral, Topical, etc.): _____

Time(s) for Dosage: _____

Diagnosis: _____

Special Instructions: _____

Name Physician/Dentist: _____ Phone: _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____