



**AUTHORIZATION TO ADMINISTER PRESCRIPTION & NON-PRESCRIPTION MEDICATION**

**NAME** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**MEDICATION** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_  SCHEDULED  AS NEEDED **TIME** \_\_\_\_\_

**REASON FOR GIVING** \_\_\_\_\_ **START DATE** \_\_\_\_\_ **END DATE** \_\_\_\_\_

**THIS SECTION REQUIRED FOR PRESCRIPTION MEDICATIONS ONLY**

I have prescribed the medication(s) below and authorize the nurse or the principal designee to administer the medication(s) as follows with time adjustments to accommodate lunches, late arrival, early dismissal, etc.

\_\_\_\_\_  
**Physician Signature**  
(Or copy of current label)

This patient has demonstrated they are capable of following the instructions regarding safe and appropriate use of this emergency medication and should be permitted to carry this medication provided permission has been granted per school guidelines (*Controlled substances not permitted to be carried by student*).

\_\_\_\_\_  
**Physician Signature**  
**(Must be signed for student to self-carry)**

\_\_\_\_\_  
**Healthcare Practitioner Name (Printed)**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date**

**PARENT AGREEMENT/AUTHORIZATION:**

- The nurse and/or the principal designee has my permission to administer this medication to my child as prescribed and/or directed
- The parent/guardian is responsible for supplying this medication to the school in an original labeled container (this includes pharmacy labels for prescription medications)
- The parent/guardian is responsible for replacing medications on/before their expiration dates
- Changes to the medication dosage and/or administration frequency require a new Authorization to Administer Medication Form be completed along with physician signature or updated pharmacy label for prescription medications
- Authorization to Administer Medication Form must be renewed each school year
- Student's may not be in possession of or transport medications without a current Authorization to Administer form on file
- Medications not picked up at the end of the school year will be disposed of properly
- Parent/Guardian is responsible for notifying the nurse or principal designee if the medication is not to be given for any reason (late arrival, early dismissal, discontinuation, etc.)

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**