EHS Medication Administration Authorization Form

This form authorizes EHS staff to administer medication to the student listed below during school hours. This form must be completed and signed by the prescribing physician. Medication will not be accepted without this form. All medications must be provided in their original container with the student's full name on the label.

Student Information

- Student's Name: _____
- Date of Birth: _____

Medication Information:

- Medication Name: _____
- Dosage: _____
- Time(s) of Day to Administer: _____
- Start Date: _____
- End Date: _____
- Reason for Medication: _____

Prescribing Physician Information

- Physician's Name: _____
- Phone Number: _____
- Signature of Physician: _____
- Date: _____

Disclosure

The medication listed above may be administered by a medically trained designee of the School Nurses.