



Authorization to Administer Prescription and Non-Prescription Medication

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Medication: _____ Dosage: _____ Route: _____ Time: _____

Reason for Medication: _____ Start Date: ____/____/____ End Date: ____/____/____

THIS SECTION IS REQUIRED FOR PRESCRIPTION MEDICATIONS ONLY

Physician Signature/Or Copy of Current Prescription Label

I have prescribed the medication(s) listed above and authorize the school nurse or the principal's designee to administer them as prescribed, with time adjustments to accommodate lunches, late arrivals, early dismissals, etc.

Physician Signature
Must be signed for the student to self-carry (e.g., inhaler, EpiPen)

This student has demonstrated the ability to follow instructions regarding the safe and appropriate use of this emergency medication and should be permitted to carry it. Controlled substances are NOT permitted to be carried by students.

Please send the following medication(s) home with the student at the end of the school year.

*Controlled substances **WILL NOT** be sent home with the student. Controlled substances must be picked up by a parent, guardian, or an adult who is at least 18 years of age, with written permission from the parent or guardian.

☐ Benadryl ☐ Epinephrine (Auvi-Q, EpiPen, Neffy, etc.) ☐ Inhaler

PARENT AGREEMENT/AUTHORIZATION:

- I authorize the school nurse and/or the principal's designee to administer the prescribed medication to my child as prescribed/directed by a licensed healthcare provider.
- I understand that it is the parent's/guardian's responsibility to supply the medication in its original, properly labeled container. **Prescription medications must have a pharmacy label.**
- I agree to replace any medication before or by the expiration date.
- I understand that any changes to the medication, dosage, or administration frequency require a new Authorization to Administer Medication form, including a physician's signature or updated pharmacy label (*for prescription medications*).
- A new Authorization to Administer Medication form must be submitted each school year.
- Students are not permitted to carry or transport medications without a current Authorization to Administer Medication form on file.
- Medications not picked up by the end of the school year will be properly disposed of.
- I agree to notify the school nurse or principal's designee if the medication should not be administered for any reason (e.g., late arrival, early dismissal, discontinuation).

Parent/Guardian Name (*printed*): _____

Parent/Guardian Signature: _____

Date: _____