



**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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: \_\_\_\_\_