

# MEDICATION AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER AND PARENT/GUARDIAN

### PRESCRIPTION MEDICATION

#### To Administer a Prescription Medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage, and time, number of days medication is to be given, and expiration date of medication, doctor's/nurse practitioner's name, pharmacy name and telephone number
- Samples must be accompanied by a doctor's written prescription
- Medications are to be given only to the child indicated on the label (twins and siblings cannot share.)
- A separate authorization is required for each medication and each episode of illness
- Label constitutes the physicians/nurse practitioners order
- Parent/Guardian is to give as many doses as possible at home.

Medication(s): \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given: \_\_\_\_\_ AM \_\_\_\_\_ PM

Route - By Mouth, Inhale, Skin (lotion), Injection or Shots: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Storage/Handling Instructions: \_\_\_\_\_

Parent/Guardian Signature Required: \_\_\_\_\_

Physician/Nurse Practitioners Signature Required: \_\_\_\_\_

## TO BE COMPLETED BY PARENT/GUARDIAN

### NON-PRESCRIPTION MEDICATION

#### To Administer a Non-Prescription Medication:

- Parent is required to bring these medications from home.
- Medication must be in an original container, with child's name on the container.

Medication(s): \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given: \_\_\_\_\_ AM \_\_\_\_\_ PM

Route - By Mouth, Inhale, Skin (lotion), Injection or Shots: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Storage/Handling Instructions: \_\_\_\_\_

Parent/Guardian Signature Required: \_\_\_\_\_