

MEDICATION AUTHORIZATION

2017-18 School Year

MEDICATION REQUIREMENT: Prescription Medication shall be in the original container and labeled with the student's name, instructions, including times and amounts for dosages, and the physician's name. All non-prescription medications shall be in the original container and labeled by the parent with the student's name and instructions for administration, including times and amounts for dosages.

Student's Name: _____ Date: _____

Name of Medication: _____

Possible Side Effects: _____

Reason for Medication: _____

Date Medication Begins: _____ Date Ends: _____

Dosage: _____ Time/Frequency to be Administered: _____

Signature/Phone Approval of Parent/Guardian: _____

Date: _____ Office Staff: _____

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