## Authorization of Administration of Medication at School by School Personnel

| Please complete this form when bringing medication to school for your child.   | Please complete this form when bringing medication to school for your child.  |
|--|---|
| Medication MUST be in its <u>original</u> container.   | Medication MUST be in its <u>original</u> container.  |
| Student Name Grade   | Student Name Grade  |
| Name of Medication on Container:   | Name of Medication on Container:  |
| Dosage & Time to be given  | Dosage & Time to be given   |
| Date administration of Drug is to begin  | Date administration of Drug is to begin   |
| Date after which drug should not to be administered  | Date after which drug should not to be administered   |
| Possible adverse reactions to  | Possible adverse reactions to   |
| be reported to the parent  | be reported to the parent   |
| Special instructions for the   | Special instructions for the  |
| administration and storage   | administration and storage  |
| Parent Signature Phone No  | Parent Signature Phone No   |
| Please complete this form when bringing medication to school for your child.  Medication MUST be in its <u>original</u> container. | Please complete this form when bringing medication to school for your child.  Medication MUST be in its original container. |
| Student Name Grade   | Student Name Grade  |
| Name of Medication on Container:   | Name of Medication on Container:  |
| Dosage & Time to be given  | Dosage & Time to be given   |
| Date administration of Drug is to begin  | Date administration of Drug is to begin   |
| Date after which drug should not to be administered  | Date after which drug should not to be administered   |
| Possible adverse reactions to  | Possible adverse reactions to   |
| be reported to the parent  | be reported to the parent   |
| Special instructions for the   | Special instructions for the  |
| administration and storage   | administration and storage  |
| Parent Signature Phone No  | Parent Signature Phone No   |
| Please complete this form when bringing medication to school for your child.  Medication MUST be in its original container.        | Please complete this form when bringing medication to school for your child.  |
| : *  | Medication MUST be in its original container.   |
| Student Name Grade<br>Name of Medication on Container:   | i   |
|  | Student Name Grade Grade  |
| Dosage & Time to be given  | Dosage & Time to be given   |
| Date administration of Drug is to begin  | Date administration of Drug is to begin   |
| Date after which drug should not to be administered  | Date after which drug should not to be administered   |
| Possible adverse reactions to  | Possible adverse reactions to   |
| pe reported to the parent  | be reported to the parent   |
| pecial instructions for the  |   |
| dministration and storage  | Special instructions for the  |
|  | administration and storage  |
| arent Signature Phone No   | Parent Signature Phone No.  |