

Authorization of Administration of Medication at School by School Personnel

Please complete this form when bringing medication to school for your child.
Medication MUST be in its original container.

Student Name _____ Grade _____

Name of Medication on Container: _____

Dosage & Time to be given _____

Date administration of Drug is to begin _____

Date after which drug should not to be administered _____

Possible adverse reactions to be reported to the parent _____

Special instructions for the administration and storage _____

Parent Signature _____ Phone No. _____

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