

Medication Authorization Form

For Prescription and Non-prescription (OTC) Medications



Instructions:

- Section A & C must be completed by the parent/guardian for ALL medication being authorized.
- Section B must be completed by a physician for any medication authorizations. This includes non-prescription medications.
- Each medication needs a separate authorization form. Multiple medications cannot be listed on one form.
- If diagnosed with asthma a inhaler with chamber and mask along with a separate action plan must accompany this document
- If a EpiPen is prescribed, a separate action plan must accompany this document
- If the end date documented by the physician expires before school is out for the year, a new authorization form will be required.

Section A: To be completed by parent/ guardian

Child's First and Last Name _____

Child's known allergies _____

Section B: To be completed by child's physician

I, _____ order the medication listed to be administered.

Name of Medication _____ Strength _____

Dosage _____ Time(s) to be given _____ Frequency _____

Reason the child is taking this medication (unless confidential by law) _____

Describe any additional training, procedures or competencies the child's program staff will need to for him/ her.

This authorization is effective from: _____ (Start date) until _____ (End date)

Physician's Signature _____

Date _____ Physician's Phone number _____

Section C: To be completed by parent/ guardian

I: _____ (parent's name) authorize _____ (program name) to administer this medication as specified in this medication form.

Parent's Signature _____ Date _____