

Smithfield Public Schools
Medication Authorization

As of July 2014 all medications, including prescription and OTC (over-the-counter) medications require a physician's signature. Medication orders must be renewed prior to the start of each school year.

Student Name: _____ D.O.B. _____

Address: _____ Home Phone: _____

School: Old County Road School Grade _____

I understand that special permission is required for the use of medication by students during school hours. I request that my child be given the medication described below:

Medication _____ Daily _____ PRN _____

Dose _____ Route _____ Time _____ Frequency _____

Diagnosis/Reason for Medication _____

Side effects _____ Allergies _____

This medication may be

Self-carried Yes _____ No ☒ _____ Self-administered Yes _____ No ☒ _____

Other information _____

Parent/Guardian Signature

Date

Special Requirements/Field Trip

This medication may be omitted on a field trip or activity away from school Yes _____ No _____

If inhaler, this medication may be self administered Yes _____ No _____

If inhaler, this medication may be self carried Yes _____ No _____

****With parent and physician approval, a student may be authorized to self-carry and/or self-administer a day's supply of prescription and/or over the counter medication, including a controlled substance, on a field trip. Yes _____ No _____**

This medication must be supplied by the parent/guardian and must be stored and transported in a properly labeled container.

Physician Signature

Date