

**SMITHVILLE PUBLIC SCHOOLS**  
**Medication Authorization Form**

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

**For Prescription and Non-Prescription (Over-the-Counter) Medications**  
**Medication should be given at home whenever possible.**

Start date	Medication	Dosage	Time given	End date
1				
2				
3				
4				
5				
6				

I consent to allow district staff to give medication to my child and understand that the Smithville School District, Board of Education, employees, and volunteers are not to be held responsible or liable in the event of injury resulting from medication given by district staff or during transportation of medication from home to school.

**If medication must be given during the school day, the following will apply\*:**

1. Medicine must be in the original and current prescription bottle or original packaging.
2. Staff will not give the first dose of any medication unless it is an emergency.
3. Expired medications will not be given.
4. Over-the-counter medications are given according to the dosing directions on the bottle. Any other dosage must have an order from the doctor.
5. Medications or supplements not approved by the FDA (e.g., herbal remedies, essential oils) require written permission from the parent and an order from the doctor.
6. Unless otherwise noted above, all medication authorization will extend through summer school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian