MEDICATION AUTHORIZATION FORM Policy JLCD-R1

SANFORD SCHOOL DEPARTMENT

To be completed by the child's Parent/Guardian and Physician:
Please complete this form to allow the nurse or designated school staff member to administer the named medication. A new form must be completed every school year. All medications will be kept in the school nurse's office. The medication must come in the original container with the student's name and prescription instructions labeled**. It will be the responsibility of my child to go to the nurse's office to receive the medication.**

Student Information

Student Name: _____ Date of birth: _____

School: _____ Grade: _____ Teacher: _____

Height _____ Weight: _____

List any known drug allergies/reactions: _____

_____

Physician – Prescriber Order/Authorization

Physician Name: _____ Office Phone: _____

Office Address: _____

Medication Name: _____ Purpose: _____

Dosage: _____ Time: _____

Begin Medication: _____ Stop Medication: _____

Potential Side Effects/contradictions/Reactions: _____

_____

When will the student be re-evaluated: _____

Special Instructions: Does medication require refrigeration? ____ yes ____ no

Is the medication a controlled substance? ____ yes ____ no

_____	_____	_____	_____
Physician's signature	Date	Phone #	Fax #

Parent/Guardian Authorization

As parent/guardian, I request the designated school personnel to administer the medication as prescribed by the above prescriber/physician. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I authorize the school nurse to communicate with the health care provider and to discuss information relevant to this medication with staff who work with my student.

Parent/Guardian signature: _____ Date: _____

Home phone: _____ Cell phone: _____ Work Phone: _____

School year: _____

Please return this form to the School Nurse's Office.