MSAD 70

Medication Authorization Form

STUDENT ______________________________ GRADE _______________

SCHOOL _______________________________ BIRTHDATE __________

ALLERGIES____

Note: Prescription medication must be in the original container indicating the following information: student name, medication, dose, route, time to be administered, and healthcare provider. Over-the-counter medications must be in the original container with clear labeling.

PARENT STATEMENT: I request that the medication listed below be given to my child named above.

- I understand that medication must not be expired.
- I understand that in the absence of the school nurse, other trained school staff may administer medication.
- I understand that the school nurse may contact the health care provider or pharmacist regarding this treatment.
- I will notify the school immediately if the medication is changed.
- I understand that this medication will be destroyed per federal DEA requirements unless picked up by the end of the last student school day of this year.

Parent/guardian signature____Date_____________________

Home phone _________________________ Emergency phone____

Other medications your child is taking____

HEALTHCARE PROVIDER STATEMENT: This medication is required during school hours to improve or maintain the health of this student. The nurse may contact me regarding this medication. The above-named child should receive prescribed medication for the following condition: ____

Medication name______________________ Prescribed dose______________ Dose at school _________________

Time given at school_______________ Beginning date of medication__________ Ending date_________________

Possible side effects__________________________ Special instructions___________________________________

Healthcare provider signature ____ Date ___________________

Printed name ____Phone__________________

Healthcare provider address____

Healthcare provider email ____

School nurse signature____Date____________________

Phone _____________________ Fax _______________________Email _________________________________