## Authorization to Administer Medication at School

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Please note: This form must be completed and signed by the parent/guardian and the student's Licensed Healthcare Provider, with prescriptive authority. This form is for both prescription and nonprescription medication. Complete a separate form for each medication. All medication must be transported to and from the school by a responsible adult.

## PARENT/GUARDIAN REQUEST

STUDENT NAME $\qquad$ SCHOOL $\qquad$

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or LHP's instructions for the period commencing: START DATE $\qquad$ TERMINATION DATE $\qquad$ or END of SCHOOL YEAR-including summer school activities: Yes $\qquad$ No $\qquad$
In the event of half-day school schedule, I want my child to take his/her medication at school: Yes $\qquad$ No $\qquad$

| Date | $\left.\begin{array}{l}\text { Parent/guardian Signature } \\ \end{array} \quad \begin{array}{l}\text { Home Phone }\end{array} \quad \begin{array}{l}\text { Work Phone }\end{array}\right]$ |
| :--- | :--- |

## LICENSED HEALTHCARE PROVIDER REQUEST

## MEDICATION (Name, Dosage)

ADMINISTRATION SCHEDULE $\qquad$

REASON FOR MEDICATION $\qquad$

FURTHER INSTRUCTIONS (possible reactions, etc.): This section must be completed if medication is to be dispensed for more than 15 days. $\qquad$

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing: START DATE $\qquad$ TERMINATION DATE $\qquad$ or END of SCHOOL YEAR-including summer school activities Yes $\qquad$ No $\qquad$ , as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

## Date

Licensed Healthcare Provider Signature

