

# Authorization to Dispense Medications



All medications must be brought directly to the nurse by the parent or guardian with this completed form.

**NEVER** send medication with the student.

**MEDICATION MUST be in the ORIGINAL CONTAINER with the STUDENT'S NAME**

Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

### Over the Counter Medications:

All over the counter medications will be given according to package instructions unless doctor's note is provided (use box below).

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time \_\_\_\_\_ Reason: \_\_\_\_\_ Exp: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time \_\_\_\_\_ Reason: \_\_\_\_\_ Exp: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time \_\_\_\_\_ Reason: \_\_\_\_\_ Exp: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time \_\_\_\_\_ Reason: \_\_\_\_\_ Exp: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone# \_\_\_\_\_

### Prescription Medications:

A licensed health care provider **MUST** complete the following for any prescription medication to be administered at school.

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time or Frequency \_\_\_\_\_

Circumstances under which the medicine may be administered \_\_\_\_\_ Exp: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time or Frequency \_\_\_\_\_

Circumstances under which the medicine may be administered \_\_\_\_\_ Exp: \_\_\_\_\_

Licensed Health Care Provider's Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

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

*If a student requires a narcotic for pain, they should not be at school. An appropriate dose of pain control should cause drowsiness affecting the student's ability to learn. Special arrangements will be considered for long term health issues with appropriate documentation from a physician.*

