



MEDICATION ON CAMPUS AUTHORIZATION

Only complete if / when medicine needs to be given by the school. You will need to complete this form if bringing an inhaler, epi-pen or other required medication to school.

If a medication is given at school, written parental / guardian permission for administration must be provided for both OTC and prescription medicine. Prescription medicine **MUST** be sent to school and stored in the **original prescription labeled container** showing the child's name, doctor's name, and dosing instructions. OTC medicine **MUST** have the student's name written on the original container.

Student Name: _____

Student's Teacher: _____

Allergy/Medical Condition: _____

Medication: _____

Dosage: _____

Time to be administered: _____

Number of days to be administered: _____

Date from: _____ to: _____

I give permission for school personnel to administer this medication to my child:

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____