



Prescription Medication Authorization

Today's Date _____

To Be Completed By Parent

Child's Name _____ Date of Birth _____

To administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating child's name, date (covers period when medication is to be given), name of medication, dosage, instructions for use (is consistent with parent's request), doctor's/nurse practitioners name, pharmacy name and telephone number.
- Samples must be accompanied by a doctor's written prescription.
- Medications are to be given only to the child indicated on the label (twins and siblings can not share).
- A separate authorization is required for each medication and each episode of illness.
- Label constitutes the physician/nurse practitioner's order.
- Parent/guardian is to give as many doses as possible at home.

Medication: _____

Reason for giving: _____

Start date _____ End date _____

Dosage _____ Time(s) to be given at school _____ AM _____ PM

Route:

Mouth Skin (location) _____ Eye (R/L) Ear (R/L)

Possible side effects _____

Special handling/storage directions _____ Refrigeration Yes No

Parent/Guardian Signature required _____

Physician/Nurse Practitioner's Signature _____

(for over-the-counter medication requiring medical consent,
otherwise the pharmacy label indicates physician's permission)

Days	Date	Time	Dosage	Safety Check	Signature
Monday		:			
Tuesday		:			
Wednesday		:			
Thursday		:			
Friday		:			
Monday		:			
Tuesday		:			
Wednesday		:			
Thursday		:			
Friday		:			

Unused medication: Returned to parents? Yes No

Discarded appropriately? By _____ Date _____

***Keep this form in the child's file when medication is finished.**