



Student Health & Medication Authorization Form

Complete all sections of this form and submit to the school office
if your child has an ongoing health issue and/or requires medication.

Medication Authorization (please print)

Student's name: _____

Birthdate: _____ M____ F____

Grade: _____ Teacher: _____

Condition requiring medicine: _____

Name of medicine: _____

Storage requirements: _____ None _____ Refrigerate

Dosage: _____

Instructions: _____

Side effects: _____

Physician: _____

Physician phone: _____

Parent/Guardian: _____

Parent/Guardian phone: _____

Student Health Information

Does your child have ANY history of ... (check all that apply):

____ Allergies ____ Asthma
____ Food Allergies ____ Seizures
____ Diabetes ____ Cancer
____ Sickle Cell Disease ____ Physical Impairment

Give details: _____

Does your child ... (check all that apply):

____ Use an inhaler Frequency _____
____ Use an EpiPen
____ Take prescribed medication(s) routinely

____ Require special seating in the classroom

____ Have any condition that limits participation in P.E.

Give details: _____

I authorize the principal or his/her designee to give medicine to my child according to the stated directions. Prescription dosage may be changed per Physician as noted on prescription label.

Parent/Guardian Signature

Date

I authorize the principal or his/her designee to contact my child's physician if additional information regarding medication is needed.

Parent/Guardian Signature

Date

PLEASE NOTE

The principal or his/her designee will dispense medicine to students according to the following guidelines:

Medicine cannot be given without written permission and instructions from the parent/guardian. A new *Medication Authorization* must be completed whenever a new medicine is to be given to the student. Dosage may be changed with a new prescription label.

The parent must bring medicine and related equipment to the principal or his/her designee. The student must not be in possession of medicine unless approved by the principal. All medication must be kept in the school office.

Prescription medicine, including inhalers, must be in the original labeled container. Over-the-counter medicine must be in the original container and marked with the student's name. Sample medications can only be given when accompanied by a physician's note indicating the sample is for the student's use.

The parent should pick up unused medicine from the principal or his/her designee. Any medicine not picked up will be discarded at the end of each school year. Medicine will not be sent home with the student.

If the student is injured or becomes ill while at school, the principal or his/her designee will attempt to notify the parent/guardian and act according to their directions. If the parent cannot be reached, the principal will take the actions

necessary to protect the health and well-being of the student.