

## Authorization for Medication

No medication shall be given by school personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name and medication directions written on the label.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

Medication Name : \_\_\_\_\_

Amount to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Directions: \_\_\_\_\_

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*This authorization form must be maintained and is only valid for the duration of prescription.*

I hereby give permission to dispense the medication listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

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

\_\_\_\_\_  
**Date**