

Authorization to Administer Medication

Date _____

Name of Child _____ DOB _____ Grade _____

Medication _____

Dose _____ Time _____

Route (i.e. by mouth) _____

Medication Self-Administration Authorization : ____ Yes ____ No

The medication is to be furnished by the parent and brought to the school in the current original container, labeled with the child's name, medication name, time, dosage. All medication must be delivered to the school by an adult and picked up by an adult within two weeks of the last dose.

Parents Signature _____ Date _____

Phone Number _____ Emergency Number _____

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