

## Authorization to Administer Medication

\*Medications will be administered at school following these guidelines:

- The parent/guardian has submitted, signed, and dated the authorization to administer medications at school.
- Medication(s) is brought to the school in the original container or prescription bottle. Students name, dose, time, and length of time for the medication to be administered documented.
- Annual renewal of authorization.
- Immediate notification in writing of medication changes or discontinuation of medication.

---

Students Name

Birthdate

Grade

---

Medication

Dose

Time at School

---

Reason for medication/Special Instructions

---

Prescribing Physician

Physician's Phone #

\_\_\_\_\_ I hereby request the MVAO School District or its authorized representative to administer the above medication to my child. I request that the above student be given the medication while in school. I understand that without this authorization, the medication will not be administered. I agree to pick-up the remaining medication at the end of the school year or when the medication is discontinued; if not, I give permission for the medication to be properly destroyed.

---

Parent/Guardian Printed Name

Signature

Date